

CHEMIST & DRUGGIST

The newswweekly for pharmacy

a Benn publication

May 14 1983

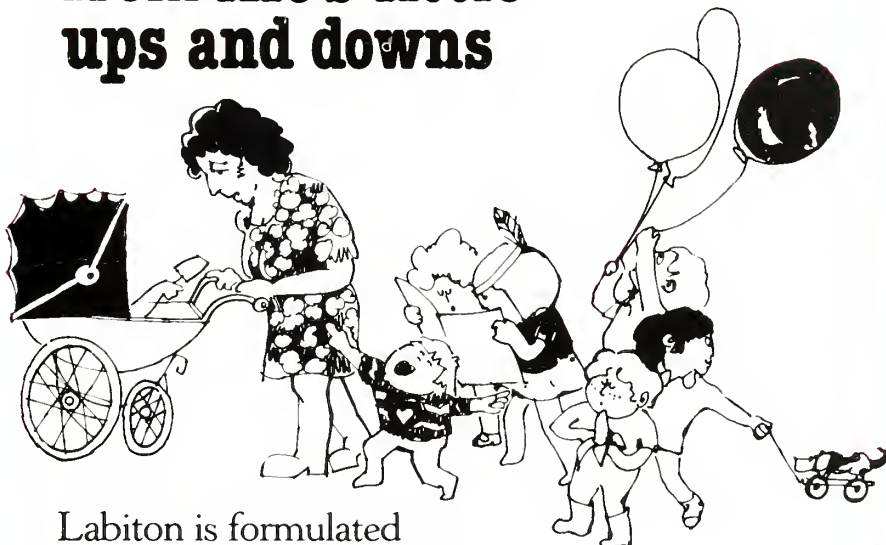
**New ethics
code to allow
advertising of
professional
services**

**'Make parallel
importers pay
any clawback'**

**Pharmacist
grows an Acorn
for faster
labelling**

**Using a micro
in practice
and research**

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CHEMIST & DRUGGIST

Incorporating Retail Chemist

May 14, 1983

Volume 219 No 5369
124th year of publication
ISSN 0009-3033

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Published Saturdays
by Benn Publications Ltd,
Sovereign Way, Tonbridge,
Kent TN9 1RW
Telephone: 0732 364422
Telefax 95132

Subscription
Home £46 per annum
Overseas & Eire £60 per annum
including postage
95p per copy (postage extra)

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Member of the Audit
Bureau of Circulations

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COMMENT

Biter bit?

Mr Alan Smith's suggestion that pharmacists who gain financially from parallel imports should be the ones who repay their "excess profits" to the NHS and that for once the iniquitous averaging system should be abandoned, was very well received — indeed applauded — by contractors attending the Merseyside LPC conference on Sunday (see p854).

Contractors have often called for direct reimbursement of costs, but usually this proves to be impracticable. On this occasion, however, all parallel importers, if they are complying with the regulations under which they act should be notifying the Department of Health of their activities. Thus the DHSS is in a position to limit its clawback, should one prove necessary, to those contractors who have benefitted. (Other contractors will have little sympathy with any importers who have not complied with the law and who find themselves in court. Equally, they will have no sympathy with the pharmacists alleged to have supplied products with foreign-language patient-inserts).

The importers have made much of their rights under the Treaty of Rome and it is said that the DHSS is in a "cleft stick" about how to deal with the problem because of the treaty. However, if the only restriction on imports proved to be notification that they were taking place, there could hardly be any complaint to the European Court. Nor could contractors complain if they were reimbursed by the NHS, ie the taxpayer, only what they had paid for the goods — they very clearly have, after all, a "cost-plus" contract.

Although certain importers have stimulated good media coverage for their activities by denegating the "profit-motivated" pharmaceutical industry, if the activity continues in its present form the media will have a field-day with the under-the-counter profits being made by certain pharmacists. If this is not a matter

liable to "bring the profession into disrepute," we don't know what is.

Codified!

The Council of the Pharmaceutical Society has now issued proposals for a new code of professional ethics (see p852) and undoubtedly the most significant change is the permission it grants to advertise "professional services". It would appear that this concession derives from the pressure on all professions to allow their members to be more competitive.

The new code appears very clear and simple, but it needs to be read with the notes for guidance also being circulated. Here we believe Council has been less than helpful in leaving it to the branches and other organisations to find fault with the draft, rather than put forward its own preferred policy. It will be very difficult for the branches to give wholehearted support to some clauses when they cannot be sure of how a future Ethics Committee is likely to judge transgressions.

It would be helpful if Council provided some examples of how it sees the guidelines working, because the apparent across-the-board advertising concession is severely restricted by the guidance notes. For example, some clarification may be needed of the dividing line between a service which all pharmacies are deemed to provide (and therefore over which there may be no invidious distinction) and those which are clearly special services, such as homoeopathy. At what point does an advertisement that a pharmacy offers a dispensing and counter-prescribing service cease to be a notice on behalf of the whole profession and become an implied advertisement that a special service is available?

There is plenty of time to resolve these questions, however, and there are some useful new clauses to back the pharmacist in his dealings with unqualified owners. We look forward to the debate.

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Professional services to be advertised?

The proposed new code of ethics for pharmacists allows publicity for professional services "provided that such publicity does not create an invidious distinction between pharmacists or pharmacies, is dignified and does not bring the profession into disrepute."

The Pharmaceutical Society's Council has approved the code, which consists of nine clauses, but is to postpone consideration of the accompanying "guidance notes" until after comments have been received from various pharmaceutical organisations (see also p889).

Approval next year?

The code and guidance notes will be presented to the Society's annual meeting next year for approval. They would replace the current Statement upon Matters of Professional Conduct.

The working party which drafted the new code spent seven of its 13 meetings discussing the above clause ("clause 7") on publicity. The guidance notes explain that the professional services which may be provided by pharmacists include: dispensing, sale or supply of medicinal products, surgical dressings and appliances, poisons and chemicals and aids to mobility; response to symptoms described in pharmacies — "counter prescribing"; facilities for the sale or supply of hearing aids; pregnancy testing; and sale of goods, supply of services or the provision of advice where the pharmacist uses his scientific and pharmaceutical knowledge.

'... In the public interest'

The notes continue: "It is in the public interest for pharmacists to make available information about the professional services which they are able to provide. Information, announcements, advertisements or any other form of publicity should not be of a character which could reasonably be regarded as likely to bring the profession into disrepute. Additionally, publicity for professional services must be discreet and dignified so as to impress upon the public that medicines are not ordinary articles of commerce and that pharmacists are professional people providing, in addition to the supply of medicines, skilled and informed advice on pharmaceutical matters and health care. Publicity must be factual, accurate and not misleading.

"To avoid the creation of an invidious distinction between pharmacists or pharmacies there should be no criticism of the services of other pharmacists or pharmacies and there should be no claim of superiority over any other pharmacist or pharmacy either expressed or implied.

"Publicity by bodies representing pharmacists and/or pharmacies and seeking to promote the profession in a corporate way is to be encouraged.

"Publicity . . . should contain no matter other than: the name, address and telephone number of the pharmacy; the hours of service; the words 'pharmacy', 'chemist', 'pharmacist', and 'MPS' or 'FPS' of which one word only may be used in an advertisement in a discreet manner and then only once in an advertisement whether or not the word appears in the company or business name; an indication of the availability of specific products and/or a general indication of the professional services available including any specialised services.

"In addition publicity referring to *dispensing services* shall be permitted only in the following: Press when the size of the publicity shall be no larger than 7.5cm x double column; teletext or similar

information service; telephone directories (standard entry only). The phrase "dispensing chemist" may appear on fascias and business stationery, which includes labels and dispensing bags but not counter bags.

Use of restricted titles

"The use of any restricted title, eg 'pharmacy', 'pharmacist', 'chemist', 'chemists', 'MPS', or 'FPS' in an advertisement for non-professional goods or services causes the advertisement to be regarded as an indirect means of advertising the professional services of the pharmacist or pharmacy. It, therefore, becomes necessary to exercise restraint not only in the use of these titles but also in the general context of the publication. Only the title 'chemist(s)' may be used and then once only in such an advertisement for non-professional goods or services. No more prominence should be given whether by position, size, type or any feature, than is reasonably necessary to establish the nature of the business of the advertiser.

"Advertisements for non-professional goods or services using the restricted title 'chemist(s)' should not be displayed in a practitioner's surgery, health centre, clinic, hospital or similar institution."

The notes go on to mention the difficulties inherent in interviews with the Press. "Before a pharmacist speaks to a reporter he should obtain an undertaking from the reporter that, if there is an article, the pharmacist will see it before

Code of ethics

1. A pharmacist's prime concern shall be for the welfare of both patients and public.
2. A pharmacist shall uphold the honour and dignity of the profession and not engage in any activity which may bring the profession into disrepute.
3. A pharmacist shall at all times have regard to the laws and regulations applicable to pharmaceutical practice and maintain a high standard of professional conduct. A pharmacist shall avoid any act or omission which would impair confidence in the pharmaceutical profession. When a pharmaceutical service is provided, a pharmacist shall ensure that it is efficient.
4. A pharmacist shall respect the confidentiality of information relating to patients and their families. Such information shall not be disclosed to anyone without the patient's or appropriate guardian's consent except

where it is in the best interest of the patient to do so.

5. A pharmacist shall keep abreast of the progress of pharmaceutical knowledge in order to maintain a high standard of professional competence relative to his sphere of activity.
6. A pharmacist shall neither agree to practise under any conditions of service which prevent his professional independence nor impose such conditions on other pharmacists.
7. Publicity for professional services is permitted provided that such publicity does not create an invidious distinction between pharmacists or pharmacies, is dignified and does not bring the profession into disrepute.
8. A pharmacist offering services directly to the public shall do so in premises which reflect the professional character of pharmacy.
9. A pharmacist shall at all times endeavour to co-operate with professional colleagues and members of other health professions so that patients and the public may benefit.

publication and, if there is any objection to the article, he will have the opportunity to alter it or strike it out or to do whatever is necessary to make the article acceptable."

The notes for guidance also refer pharmacists to the recommendations laid down in the "Guide to good dispensing practice," "Guide on the self-assessment of professional practice activities," and "Guidelines for emergency supplies." Advice on how a pharmacist's "prime concern shall be for the welfare of both patients and public" is given under the headings of safety, environment, efficacy of medicinal products, efficient service for the community, sale of medicines liable to abuse, medicines used for slimming, supply of medicines to children, methods of sale and distribution of medicinal products, sale of other preparations, sale of chemicals to children and for use in hobbies, and disposal of medicines.

The following are some additional points made:

- A pharmacist should not deviate from the prescriber's wishes when dispensing, except when necessary to protect the patient. The pharmacist may refuse to dispense the prescription even if the prescriber confirms that a product, which the pharmacist believes could harm the patient, should be dispensed.

- A pharmacist who may be called on to supply Controlled Drugs should maintain sufficient stocks to deal with all likely requests for urgent supplies.

- The sale of medicinal products which are promoted to the public by means of free samples, prizes, gifts, competitions, circulars, vouchers, temporary price reductions, bonus or other special offers should not be encouraged by the pharmacist.

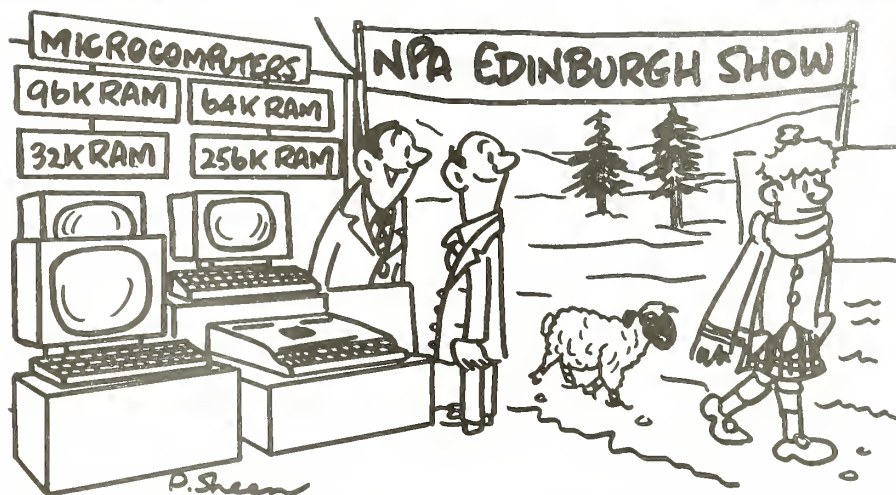
- A pharmacist should not give the impression that herbal remedies, food supplements and other products associated with the maintenance of health are efficacious when he has reason to believe they are not. Nor should pharmacist's stock, sell or advise people to buy any preparations claimed to counteract the undesirable effects of alcohol.

- Use of "Dr" on the fascia of a pharmacy or on dispensing labels will be regarded as misleading the public that the pharmacist is a medical practitioner.

- Employment as the sole pharmacist should not be accepted by a pharmacist who is not able to exercise the full duties of a pharmacist in charge. Likewise, employment as a sole pharmacist should not be offered to a pharmacist who is not required to exercise these full duties.

- The general appearance should reflect the professional nature of the pharmacy. Use of trestle boards and exhibition of merchandise in dumper bins outside the premises is deprecated.

- There is no objection to a pharmacist being employed by a doctor providing a dispensing service.



"There goes another disappointed ewe!"

Computers abound at NPA's show

The National Pharmaceutical Association's show on May 15 — the first ever to be held in Scotland — will feature demonstrations from no less than 18 computer labelling systems — believed to be a record gathering under one roof.

Sheets offering over 100 special offers will be available to NPA members attending the show which is to be held in the Mac Robert pavilion at the Royal

Highland Showground. Discounts include "a few pennies off" pharmacist badges to blood pressure machines, on offer for £250.

Along with the show at Ingliston, there will be a golf competition for a prize kindly donated by Marshall Gellman, immediate past NPA chairman.

It will be a Stapleford competition and played on one of many Scottish golf courses on Monday, Tuesday or Wednesday, May 16, 17 or 18. Cards will be accepted from those playing at Gleneagles on Wednesday, May 18. Entry forms will be obtainable at the Show.

PSGB presses DHSS for GSL action

The Society is to write to the Department of Health again pressing for aspirin and paracetamol preparations to be removed from the General Sale List, and also deprecating a proposal to discontinue the list of GSL products allowed to be sold through automatic machines.

The Society's letter is to be sent in response to a consultation document on proposed amendments to the Medicines (General Sale List) Order 1980. The amendment would implement earlier proposals, in document MLX143, for dividing the GSL list into separate human and animal medicine lists.

At this month's Council meeting, the Legislation Committee noted the Department's decision to switch to an ingredient list rather than a list of preparations. Like the existing product list, the ingredient list would only be relevant to products already licensed, and new products would continue to be assessed individually as to their suitability for general sale.

RPA to attend rational location meeting

The Pharmaceutical Society and other pharmaceutical organisations were to discuss the rational location of pharmaceutical services at a meeting to be

held on Friday, after C&D went to press.

At its last meeting the Council accepted a Practice Committee recommendation that the Society's representatives should support the principles set out in a document agreed with the Pharmaceutical Services Negotiating Committee five years ago. It was also agreed that a representative of the Rural Pharmacists Association should be invited to attend the meeting.

ROC delivery service on LPC agenda

Southend Local Pharmaceutical Committee is meeting next week to discuss, among other matters, the collection and delivery scheme organised by the Right of Choice Group. The ROC was set up originally to maintain a dispensing doctor service in the Great Wakering area of Essex.

'On rota' for ten months

Mr Lawrence Collin, who opened up a pharmacy in the village of Great Wakering last year, wishes to point out that he has been operating a rota system since June 1982 opening to 7pm Mon-Fri each week. Although this enables him to catch people using the evening surgery, for whom ROC are unable to "deliver" to until the following morning, he did not set it up recently to do this (C&D last week p803) but has been giving a rota service for almost a year.

'Make parallel importers pay any clawback'

Any clawback from NHS chemist contractors because of parallel importing should be applied only to contractors who have purchased the cheap imports. That suggestion was made on Sunday by Mr Alan Smith, chief executive of the Pharmaceutical Services Negotiating Committee speaking at a conference of Merseyside contractors.

Mr Smith pointed out that parallel imports brought in under the special exemption for pharmacists were required to be notified to the Department of Health; thus the DHSS should be in a position to "get its pound of flesh" from those who had benefitted.

The speaker found it difficult to differentiate between a "parallel import" and an "import" and said the DHSS found itself in a cleft stick over how to control the practice. PSNC was not in favour because it represented a form of discount and already the Department was seeking an inquiry. It represented a short term gain for the individual pharmacist but a long term loss for the profession as a whole. Furthermore there was an adverse effect on industry (though the Pharmaceutical Price Regulation Scheme was available as a long stop) and wholesale distribution was being

adversely affected (though Mr Smith said since some wholesalers were themselves parallel importing they could not have it both ways).

He pointed out that three to five years ago the UK was exporting in parallel, but fiscal policies had swung the pendulum. The legal position was that the special exemption for pharmacists related to an import from the EEC for the pharmacist's own patient — providing that records were maintained, the Department was notified, and the pharmacist did not advertise. However, some parallel importers were advertising by distributing price lists: they were apparently also failing to keep records of supplies made.

□ The Pharmaceutical Society and the Department of Health are jointly investigating the activities of some pharmacists who are distributing unlicensed imported medicines. The enforcement sides of both bodies are involved, Mr Gordon Appelbe, head of the Society's law department, said recently.

... NPA awaits reply

The DHSS has so far done no more than formally acknowledge the letter from Mr Tim Astill, director National Pharmaceutical Association, asking for clarification of the legal position of pharmacists, who buy unlicensed medicines, imported into the UK from Europe by pharmaceutical wholesalers (C&D April 30, p745).

drug wastage and more effective prescribing. Arrangements should also be made to circulate to pharmacy contractors copies of the *Prescribers Journal*, and the *Drug and Therapeutics Bulletin*.

The PSNC, in consultation with the Pharmaceutical Society, has written to all local pharmaceutical committees in England and Wales encouraging them to set up local therapeutics committees to liaise between the medical and pharmaceutical professions at local levels. The PSNC does not, however, support the idea of local drug "formularies."

'Extremely concerned'

The PSNC is "extremely concerned" with the way the report looked at drug costs. The report says prescribing in hospitals is subject to cash limits whereas practitioner prescribing is open ended. The payment to pharmacy contractors takes into account overheads etc. No mention is made of what steps were taken to assess the equivalent costs within the hospital service.

Finally the role of the pharmacist as an adviser is emphasised. In addition, says the PSNC, consideration should be given to the transfer of more medicines from POM to the Pharmacy list.

The closing date for comments on the report was April 15.

PSGB employees still on strike

Fourteen of the 22 staff at the Pharmaceutical Society's medicines testing laboratory in Edinburgh are still on strike, after two-and-a-half weeks, to protest about the dismissal of a colleague (C&D April 2).

Dr Vic Young, a higher scientific officer at the laboratory, was dismissed on March 10 after 14 members of the staff had joined ASTMS and sought recognition. An attempt in 1982 to establish a staff association also failed, with the dismissal of one of its representatives who was subsequently reinstated.

Mike Watson, divisional officer ASTMS, alleges that Dr Young received no warning of his dismissal and was told that his work had deteriorated. But a scheme to monitor work at the laboratory showed his performance to be satisfactory, Mr Watson claimed. ACAS had been involved in a conciliatory role but the Society would not agree to refer the matter to arbitration; instead the dispute will go to an Industrial Relations Tribunal.

Mr Watson said members of ASTMS have been asked to write to Mr Desmond Lewis the Society's secretary and registrar, in connection with the matter and two open letters have been sent to Council members informing them of the situation. Mr Lewis was unable to comment when questioned this week.

PSNC questions Greenfield credibility

The Pharmaceutical Services Negotiating Committee says the absence of pharmaceutical representatives on the Greenfield committee, which drew up the report of effective prescribing, has led to "erroneous statements which effect the whole credibility of the report".

In comments just released the Committee says it is also "amazed" to note that the report states that practical experience has demonstrated that differences in presentational characteristics of medicines are not a major problem. The PSNC asks where the practical experience comes from and says it is quite clear that practical problems *do* exist and "a great deal of time needs to be spent by pharmacists in explaining to patients the reasons for differences in presentational characteristics."

On generic substitution the PSNC says it has spent considerable time discussing the subject and would be prepared to do so further with the Department of Health.

Many of the PSNC comments mirror those already made by the NPA. The introduction of a 28-day maximum period of treatment per prescription and a triple prescription form would lead, in the Committee's view, to the minimising of

BPA — ANP meets DHSS

Representatives of the Association of New Pharmacies are to meet with the Department of Health on Wednesday, as C&D goes to Press.

C&D understands they will be presenting their case for the receipt of the full Basic Practice Allowance by those contractors not eligible for it at present.

ANP treasurer Mr I. Patel says he is "very happy with the response to the circular sent recently to 75 prospective members asking them to lobby Members of Parliament and to join the association. The ANP has been consulting with solicitors prior to approaching counsel.

PSNC met to discuss more fully the LPC resolutions passed by conference in April, including those on the BPA, as C&D went to Press.

Numbers are up!

The number of registered pharmacies increased by four to 10,842 in April. England (except London), showed the largest change, with 21 additions and 13 deletions. London showed a net decrease of three, Wales a net decrease of two and Scotland a net increase of one.

Peter Worling elected as NAPD chairman

Mr Peter Worling FPS, managing director of Vestric Ltd, has been elected chairman of National Association of Pharmaceutical Distributors for 1983/84.

Mr Worling is a member of College of Pharmacy Practice and has been involved in wholesale pharmaceutical distribution for the past 27 years.

Vice-chairman will be G. Brooks (Sants Pharmaceutical Distributors Ltd) and J.A. Mitchell (Ridley [Wholesale Chemists] Ltd) treasurer. Members of the committee will be J. Canning (Barclays); W.M. Cox (Herbert Ferryman Ltd); T.N.R. Horsfield (Ayrton Saunders & Co Ltd); G.I. James (Richard Daniel & Son Ltd); N. Rabin (I&N Rabin Ltd); M.D. Smith (M. Baum [Wholesale Chemists] Ltd); D.R. Walker (Unichem Ltd), and D.W. Wright (Macarthys Ltd).

A major topic at the NAPD annual meeting was parallel importing and it was agreed that it was unwise for legitimate pharmaceutical wholesalers to become involved.



Pfizer awards

Professor I.W. Kellaway, Welsh School of Pharmacy, UWIST, Cardiff, has received an award of £1,500 from Pfizer Ltd for work on colloidal drug delivery systems and release of drugs from semi-solid dose forms.

Pfizer Central Research at Sandwich, Kent, have made six awards of £1,500 to support young British scientists doing research at British universities potentially useful in the search for new drugs.

Other recipients were: Dr S.V. Ley, Imperial College of Science and Technology, London; Dr P.J. Kocienski, Leeds University; Dr J.C. McGrath, Glasgow University; Dr B.G. Spratt, Sussex University, and Dr D.B. Satelle, Cambridge University.

Mr Rohit Shah: We regret that Mr Shah was incorrectly described as "MPS" in our Shopfitting feature last week (p821). Although Aucklands pharmacy's proprietor, Mr Shah is not a pharmacist (a pharmacist of the same name appears in the Register). We apologise for the error.

Photo lesson

Auntie Eve gave me my first camera — an ugly black thing the size of a cooking apple (the camera, not Auntie Eve). It could only be persuaded to accept a film after a fumbling battle with its internals, and required subtlety of the highest order to close, with two ridiculous sliding metal clips.

When the back didn't fall off, photos could be taken. If you remembered to turn the knob each time you could end up with eight small grey pictures. Limiting. So we progressed to greater things, faster lenses, shutters with several speeds! I advanced to 35mm — coupled rangefinders, interchangeable lenses, tripods, remote releases a whole funnel-ful of filters, each item in its own exquisite leather case.

I took photos of mountains, hills and plains, sea, snow and sunshine, contra jour, cum jour, toujours, and hardly noticed the glazed eye of boredom averted from me by colleagues and friends (though this was, to some extent, compensated for by the warmth and interest of my new friends in the photo trade). It was acknowledged I had built up an extensive kit.

Then I took a job with a busy photo-chemist. Fascinating chap, a real go-getting entrepreneur who imported from Japan and Germany all the goodies which so interested me. My new boss worked hard and with enjoyment, and at first I put to a quirky nature the fact that when selling to trade or public he was enthusiastic yet seemed distanced, almost rather tongue-in-cheek. And when I talked about photography his mouth showed a distinct twitch which burst into open laughter on the day I brought all my gear to show one of the assistants.

"Gee's" He gasped (pharmacist's language?) "You look . . . ha ha . . . like a bloody bandit with all that leatherwork slung round your neck: Ha ha . . . genuine dealer's delight!"

Later when the pain had eased, he took me for lunch and a lesson on photography . . . *retail* photography.

"Understand," he said, "I doubt if you or your customer could ever produce a really professional photograph by design. While he may kid himself he is buying this super equipment for what it can do, the fact is he buys it to bolster his self-esteem, to impress others, and to make him feel powerful. Once he's played with the novelty effects it's unlikely it will be used again, since it wasn't needed, so much as desired. After a while he will want something else, so will rationalise away this first choice, by persuading us to

By Xrayser

give him half its cost towards the newest toy. We don't actually refuse!

"The art of selling lies in establishing the desire to possess so beautiful a mechanism, such workmanship, to be handled with a connoisseur's delight. You may be talking technicalities, but when it comes to taking real pictures the fella's wife will be taking more snaps of the kids than he ever will."

I know the truth when I see it; to this day I still hear his laconic words in my mind when I'm selling one of those fabulous "bird's eye" zooms . . . with the aseptically curved lenses, you know . . . identical to the one Sir Edward Hilbilly carried up the north face of the Eiffel with his friend Sir Burt Ensing to take a picture of the abominable showman (called the Getty wasn't it?) What a picture! To think *you* could actually own a lens the same as that, sir! Rare, mind you, and only for the discriminating who can afford it."

Lays 'em in the aisles . . . and me too. I still fall for it.

Refitting

I always read the shopfitting articles (like last week's) because after my refit I expected great things. In a way I got them too: I was able to survive in a suburban parade against a revolution in trading patterns, but to be honest it wasn't as good as I had hoped — little increase in turnover, but far more efficiency. We need half the staff hours to service the shop now and have more time to spend with customers, which brings greater job satisfaction.

Yet being a fidgety sort of person I find myself with a yen for change, and wonder if after some 15 years another refit would be justified? Carpet this time all through, spotlights . . . and maybe do away with those old shelf canopies? The trouble is none of the shopfitter's reps seem able to convince themselves, let alone me, of the potential benefit, in a business which is essentially personal, depending as much on the quality of service and personnel as on the latest means of presentation.

S&N clear the way for Elastoplast

Smith & Nephew are launching Elastoplast Clear plasters. The target purchasers are young women aged 18-34 who, the company believes, require a discreet first-aid dressing. Each plaster has a white medicated pad and is both wash and dirt-proof.

In consumer trials 55 per cent are claimed to have found it to be a superior product over competitive brands as far as thinness, invisibility and adhesion were concerned. Packaging, while in the Elastoplast livery, will differentiate the new introduction which is available in two sizes — large and handy (£0.65 and £0.42). Pre-packs of one dozen are available as are trade bonuses and discounts.



Elastoplast Clear: a 'discreet' first-aid dressing

A £750,000 national television advertising campaign for the Elastoplast range will run through to August. Smith & Nephew claim Elastoplast has a 56 per cent sterling share of the £18m first-aid dressings market dominating each sector within this market. *Smith & Nephew Consumer Products Ltd, PO Box 81, Hessle Road, Hull HU3 2BN.*

Agfa film 'exposed' in national Press

A national Press advertising campaign to promote the Agfacolour 100 print film breaks this week. Giving details of the "Spot the difference" competition (C&D April 2, p583) the advertisements will appear in the *Daily Star*, *Sunday Mirror*, *Scottish Daily Record*, *Daily Mirror*, *Sunday People* and *Sunday Mail*, *Practical Photography*, *Amateur Photographer*, *Camera Weekly*, *Mail on Sunday*, *Readers Digest* and *Cosmopolitan*. *Agfa-Gevaert Ltd, 27 Great West Road, Brentford, Middlesex TW8 9AX.*

Mavala addition

Mavala Laboratories are launching Colorfix (£2.45), a transparent lacquer which they claim makes polish chip-resistant and adds a long-lasting super glaze. *Mavala Laboratories Ltd, 16 Morewood Close, London Road, Sevenoaks, Kent TN13 2HV.*

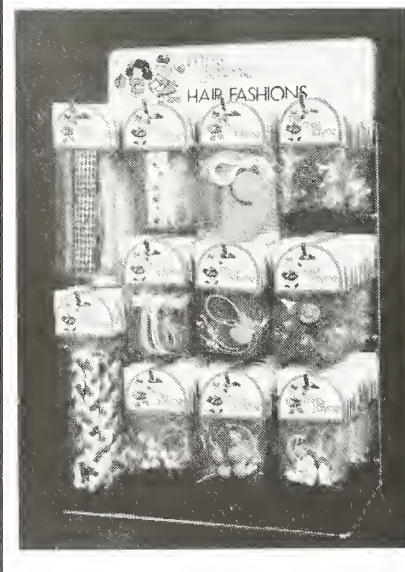
Addis Dressers duo

Two new items have been added to the Addis Dressers range of haircare accessories.

An old favourite returns, the bandeau, available in tortoiseshell and 10 plain opaque shades for £0.50. A more decorative bandeau is available in one of four primary or metallic colours, each entwined with gold-toned wire, and priced around £0.75p.

Dressers headbands are also available in two styles — one is flat, ethnic braid, in six different designs and colourways, (£0.75) and the other a textured metallic braid (£0.90), in six colourways, (three with silver and three with gold). Both styles have an elasticated insert to fit any head size. *Addis Ltd, Ware Road, Hertford.*

Two display units are available to carry the relaunched Miss Jayne range of hair fashions. The Miss Jayne display unit (pictured) is an eleven-hook unit carrying a range of bobbles, pony tailers and ribbons (trade price, £58.22). It can be either free-standing or wall mounted while the Miss Jayne spinner stand (trade, £15.49) is a free-standing unit carrying a selective range of clips, pony tailers, hair slides and novelty grips. *Laughton and Sons Ltd, Warstock Road, Birmingham*



Hanimex flash guns and projector

The new Hanimex TZ1-34 is a compact hot shoe gun with an interchangeable, plug-in dedication module to suit just about every popular SLR, says the company. A two-stop computer with manual override, automatic exposure test button with click stop zoom positions for wide angle, standard and telephoto lenses, and "auto-off" circuit are some of the



TZ1-34's features (£35 srp).

Available in June is the TZ236 dedicated flash gun (srp £45). All the auto-control circuits, including the computer sensor, are housed within the plug-in 'dedication' module — this makes it possible to customise the facilities in each module to suit different cameras.

June projector launch

Hanimex also launch a new slide projector in June, the Rondette 1800 (£59.95). It has semi-automatic or remote control slide change and manual, remote or automatic focusing. The projector accepts rotary and straight slide magazines.

With a Hanimar f2.8/85mm lens and a 150w/24v halogen IQ lamp, the projector can also be used as a slide previewer. It has an input for tape recorder synchronisation. *Hanimex (UK) Ltd, Hanimex House, Dorcan, Swindon SN3 5HW.*

Tyrocanne 'family' pack

Cupal have introduced a family pack of 30 Tyrocanne lozenges (£0.75) to join the 15 lozenges size (£0.45). Tyrocanne together with Regulettis 12s (£0.39) and 30s (£0.59) are available direct from Cupal. Boots recently removed both products from their inventory. *Cupal Ltd, King Street, Blackburn, Lancs BB2 2DX.*

Farley's low sugar rusks join 'original' in £1m TV market bite

"Low sugar" rusks are to be launched by Farley Health Products as part of a £1.7m marketing and promotional package which also boosts their "original" rusks, said to have a 75 per cent share of the £11m market. A £1m national television campaign, featuring both products, commences on July 18 with a 30-second advertisement running for four weeks, before it is then mixed with a 20-second cut-down version.

New magenta packs of the original will be delivered from now on, as stocks of the old pack are exhausted. Low sugar rusks are available from May 23. The new variant contains 15 per cent sucrose, compared with the original's 31 per cent, and has been introduced partly because health visitors have been "actively discouraging" mothers from feeding rusks to their babies because of their high sugar content. Farley's say the new rusks have the lowest sugar level of any rusk available and should be positively recommended by health visitors.

Extensive sampling

Advertisements are to be carried in the mother and baby Press and in specialist magazines directed at health visitors, paramedicals and community nurses. One million specially packed single rusk samples will be nationally distributed in dispensers through clinics. Additional samples will be made available through the Bounty weaning scheme to mothers with three month old babies (mothers can redeem a coupon contained in the hospital Bounty pack, for a sample pack, only through Boots). There will be nutritional forums and presentations throughout the country as well as in-store demonstrations in major retail outlets, say Farley's.

Because of the extensive sampling the company says low



'Low sugar' rusks from Farley Health Products will sell alongside the repackaged and relaunched 'original' rusks. Low sugar rusks are packed in 12s (£0.54) and 18s (£0.74) only, while the original will continue to be available in the small six-rusk size (£0.31): the small size, although more popular with chemists, is seen as a sample pack only by Farley's.

Robin Macdonald, marketing director sees the relaunch as the beginning of a revitalisation of the company brand range: "... We are serving notice on our competitors that we intend to sustain our leadership, not just in the rusk market but across the whole range of baby care and health products." Farley Health Products Ltd, Torr Lane, Plymouth PL3 5UA.

When the pollen count is high...

You can count on

Haymine is the one treatment to give day-long relief with the effective linear release process and the added advantage of ephedrine which combats drowsiness usually associated with antihistamines.

Haymine –
recommend it with confidence.



Chlorpheniramine Maleate
Ephedrine Hydrochloride

Day-long relief from hayfever with less drowsiness

Pharmax an established name in prescription medicines and O.T.C. Healthcare Products

PHARMAX LIMITED · BEXLEY · KENT · DA5 1NX



The bot



Anyone who stocks our economy packs along w
So stock up with our fastest growing line and yo

tom line.



the standard size is taking a very profitable step.
Don't be in the pink. **Robinsons of Chesterfield**



CHESTERFIELD, DERBYSHIRE S40 2AD



SORE GUMS

GINGIVITIS

BAD BREATH

MOUTH ULCERS

ANTI-BACTERIAL
ACTIVITY

THROAT
INFECTIONS

Oraldene* fights mouth and throat infections.

Oraldene contains hexetidine, active against a wide range of micro-organisms causing mouth ulcers, gingivitis, bad breath and throat infections. Oraldene is non-staining to teeth and gums. Prescribed by doctors, advised by dentists

and an excellent recommendation for the pharmacy

Oraldene*
WARNER
THE MEDICAL MOUTHWASH

**WARNER
LAMBERT**

Data sheet available on request from Warner-Lambert (UK) Limited, Southampton Road, Eastleigh Hampshire SO5 5RY. Tel: 0703

*Trademark

OTC growth — on a European scale

A reluctance by European Governments to maintain present levels of public expenditure, particularly for health care, can only benefit the OTC medication market. This is one of the findings in a survey conducted by Frost & Sullivan into the European external medication market.

The report expects the market, worth \$2.96 billion in 1980, to see a 34 per cent growth in the next six years to stand at \$3.99 billion — all at the expense of the prescription and semi-ethicals market. Growth will occur as per capita consumption increases from \$11.7 to \$15.6 by 1986.

In the last five years, governments in all countries have embarked on policies to reduce the importance of the welfare state and encourage qualities of self-sufficiency in people, says the report. France, Germany and Italy have reduced the number of products provided free of charge or reimbursed under the health care scheme, while France and the United Kingdom have increased the share of the cost falling on patients.

The consumer role

The consumer however is also reported to be keen to play "a greater part in selecting the remedy for his ailment" due to OTC products often costing less than the patient's share of a prescription, and the time involved visiting the doctor.

Professional endorsement of OTC drugs by pharmacists, the "premier channel of distribution", is suggested as one of a number of marketing methods manufacturers can use "to take advantage of the great potential for growth which exist in the external medication market."

Consumer advertising is seen as the "most powerful element" in marketing, yet only \$150m was spent on such advertising in 1981 — a five per cent ratio. This is much too low, says the report, which suggests eight to ten per cent would ensure faster market development. Advertising was found to be highest in the UK (a seven per cent ratio) and lowest in

Mrs Mary Craik of Selles Dispensing Chemists, Pocklington, North Yorkshire has won a week's holiday in an Algarve villa — first prize in the 1982 Piz Buin window display competition. Pictured from left to right are Mr Ron Platt, sales director of Colson & Kay Ltd, Mrs Craik and Mr John Murphy, Colson & Kay area sales manager



France (three per cent).

Looking at some of the different markets the report predicts that sanpro, the biggest product category in the external medication market, will see the most growth in the next six years. Worth \$889.9m in 1980 — 30 per cent of the external medication market — this is expected to increase to 35.8 per cent (\$1.43 billion) by 1986 due to greater usage of mini pads, press-on panty shields and tampons with perfumed or plastic applicators. France is the country currently seeing the greatest product innovation.

Deodorants and anti-perspirants are expected to record a 21 per cent growth by 1986 (growing from \$641.9m to \$775m) but the report suggests that unless there is further innovation, following the advent of bodysprays, the category will plateau towards the end of the decade. While Germany is the largest market it is only expected to grow by six per cent unless Elida Gibbs unleash the Impulse, Vivas and Sure brands.

Throughout Europe Richardson-Vick dominate the acne remedies market, worth \$101.7m and expected to growth by 51 per cent to \$153.3m. Gains can still be made by the company in Italy and Benelux, the report notes.

The extent of growth in the treatment shampoo sector will depend on how quickly Procter & Gamble launch Head & Shoulders in Europe, says the report, which gives a conservative estimate of 49 per cent growth (\$171.4m to \$255.7m) during the six-year period. At present the

UK has the largest treatment shampoo market.

In the oral hygiene and dressings markets Germany is responsible for 54.6 per cent and 63.1 per cent shares of these markets. The former is expected to grow from \$329.3m to \$411.8m by 1986 as the mouthwashes sector develops in all countries except Germany where it is already highly developed. As for dressings, the report anticipates only a 6 per cent increase to \$253m. All other categories are predicted to show modest growth.

While Germany is the principle country due to deep penetration, high consumption per head of population and high prices. Accounting for 44.9 per cent of the total market turnover, this share is expected to fall to 42.4 per cent as other countries develop. The French market is forecast to see the most growth as self-medication takes over from the State reimbursement sector. "External Medication Products Market in Europe", Frost & Sullivan Ltd, 104 Marylebone Lane, London W1M 5FU.

Optrex back on TV after five years

Commencing June 6 is a national television advertising campaign for Optrex lotion and drops. The £½m campaign runs until the end of August and is the first for Optrex in five years. A trade bonus is available until the end of June. Optrex Ltd, PO Box 94, Nottingham.

SCOTCHEM'83

THE SCOTTISH RETAIL CHEMISTS EXHIBITION

The McLellan Galleries, Sauchiehall St, Glasgow 10-12 July 1983.

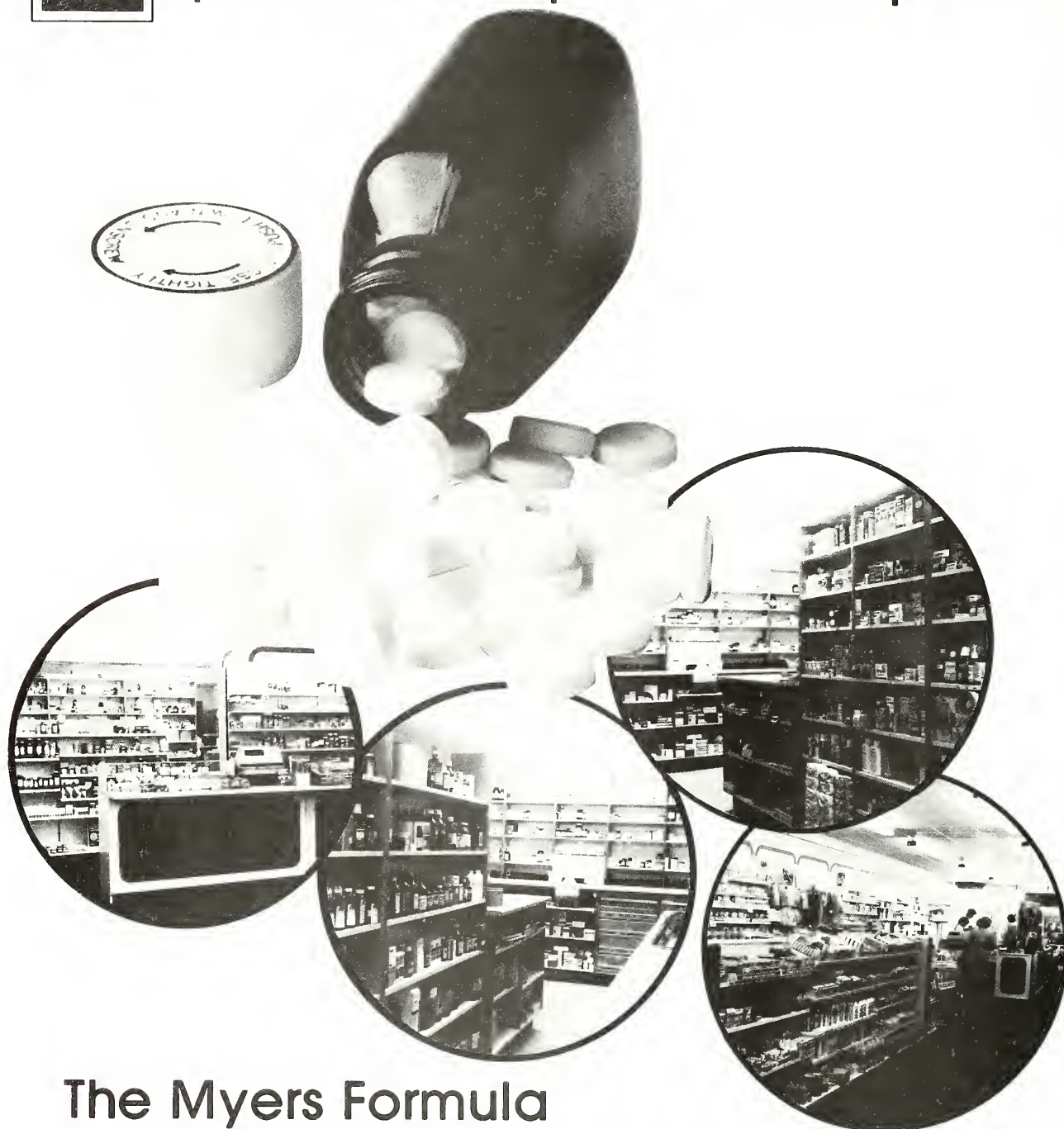
INFORMATION and ADMISSION TICKETS from:

TRADES EXHIBITIONS LTD, Exhibition House, Spring St, London W2 3RB. Tel: 01-262 2886.



MYERS PHARMACIES

Specialist interiors for pharmacies and dispensaries



The Myers Formula

takes the headache out of refits.

Embarking on a major interior project requires a high degree of expertise, to ensure the project is planned, co-ordinated and monitored to a successful completion. Many years of experience enable Myers to offer you a complete service no matter what the size of the problem.

Myers Pharmacies (Formerly S.I. Myers)
229 Green Lane, Ilford,
Essex. IG1 1XR.
Tel: 01-590 3575

What is the Myers Formula?

- It's the system for the professional Pharmacist.
- It's tailor-made.
- The dispensary is attractively finished in cream and light oak with durable hardwood lippings.
- Shape, colour and texture combine to match specific retail requirements.
- It's flexible to accommodate changes in stock.
- A generous range of accessories is available.
- N.P.A. approved.

Kodachrome duo for professional use

Two new Kodachrome professional films are to be available later this year.

Kodachrome 25 and Kodachrome 64 professional films will be distributed in 35mm exposure single cassettes and in 50-cassette pro-packs. The pro-packs and cases of 300 cassettes will consist of films prepared on only one emulsion for user convenience. Packaging will differ from that used for non-professional films. Speed and storage information will be included in-pack.

Prices, expected to be somewhat higher than for current Kodachrome films, will be announced later this year. Kodak Ltd, PO Box 66, Kodak House, Station Road, Hemel Hempstead, Herts HP1 1JU.

For Fathers Day...

A key ring which doubles up as a £1 coin holder will be free with every 95ml Tabac aftershave in a promotion designed for Fathers Day (June 19). Eylure Ltd, Grange Industrial Estate, Llanfrehfa Way, Cwmbran, Gwent.

For gold prospectors and bonny babies

Numark are to sponsor two consumer competitions in July with Lilia-White and Colgate Palmolive.

In the "Join the gold rush" competition, consumers have to spot some gold bars hidden in a picture and complete a tie-breaker. Entries must be accompanied by a pack front from either Panty Pads, Lil-lets, Dr White's, Stick-on Lilia or Fastidia. There are five first prizes of gold bullion bar pendants and 20 runner-up prizes of ladies' gold plated Quartz bracelet watches. The five Numark chemists supplying the winning entry forms will also receive one of the watches.

A "Bonny baby" competition is being run in conjunction with Colgate Palmolive. Divided into two categories — for babies up to 12 months and toddlers between 12 and 24 months — first, second and third prizes in each section are £250, £100 and £50-worth of premium bonds. To enter, the consumer has to complete the entry form and send in a recent photo of their baby.

A lucky draw is also organised for Numark chemists who order a minimum of five cases of Nicholas Laboratories optional extra products. A total of



The new size of Kaopectate (180ml, £1.48) for OTC sale (C&D, April 23, p720). The polypropylene bottle and screw cap are designed for safe travel in luggage. Distribution is being handled by Pharmagen Ltd, West Lane, Runcorn, Cheshire

Scholl Press on

Until the end of June advertisements for Scholl proprietary and toiletry products are appearing in *Woman*, *Woman's Own*, *Woman's World*, *My Weekly*, *Beauty and Skincare*, *TV Times*, as well as the *Sunday Express* and *Sunday* magazines. Scholl UK Ltd, 182 St John Street, London EC1P 1DH.

£5,000-worth of Thomas Cook vouchers are to be won.

Included in the "Golden Superbuys" promotion to run in-store from June 13-25 are Curity Snugglers, Mum roll-on and refill, Right Guard, Ultrabrite, Contour cartridges, Limara bodyspray, Pennywise, Dextrosol, Panty Pads, Lil-lets, Hermesetas, Ambre Solaire original oil and Dettol. These products will be supported by display material and advertising in *The Sun*, *Daily Mail*, *Daily Express*, *Sunday Post*, *Woman's Own*, various regional papers and on Ulster television. Other promoted lines listed in the national advertising include Sunsilk shampoo, Cow & Gate babymeals, Zest soap, Denim aftershave, Vosene and Dr White's.

Items on promotion not supported by merchandising material include Stick-on Lilia, Fastidia, Aspro regular, Kwells, Interdens sticks and brushes, Whistling Pops, Odor Eaters, Grecian 2000 and Lady Grecian 2000, Lanacane and Seabond.

Optional extras include Germolene, Germoloids suppositories and toilet tissue, Diocalm tablets, Anglers junior aspirin, Aspro Clear, Rennie, Feminax, Lypsil lipsalve, Medijel gel, Andrews liver salt and KY jelly. *Independent Chemists Marketing Ltd*, 51 Boreham Road, Warminster, Wilts BA12 9JU.

Andrex coupons

A promotion on the two-roll Andrex pack offers consumers the chance to collect up to 20 tokens each worth £0.15. By sending these into the company the consumer will receive 20 x £0.15 Andrex coupons, to a maximum of £3. A national advertising campaign will support the promotion.

Bowater-Scott Corporation Ltd, Bowater-Scott House, East Grinstead, West Sussex.

Bayfresh aerosol air fresheners are now available in new pack designs. The change is designed to "reflect the quality of the product while improving its impact at point of sale." Bayer UK Ltd, Consumer Products Division, Bayer House, Newbury, Berks RG13 1JA



ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	C1 Channel Is
Bt Breakfast Television		C4 Channel 4

Airbal:	Ln,M,Lc,Y,So,B
Anadin:	All areas
Askit powders:	Sc
Aspro Clear:	All areas
Bic razors:	All except U,E,C1,We
Blakey's wholemeal slymbred:	All C4 areas
Cidal soap:	Bt
Clairol Caresetter heated rollers:	Lc
Immac:	All except C1,E
Japps health salts:	Sc
Marigold gloves:	Ln,M,Y,So,NE,A
Maws Wipers:	All except A,We,B,E,C1
Minuet bodyspray:	Lc
Paddi Cosilits:	All areas
Polaroid Sun cameras:	All areas
Polyfoam:	Sc,WW,So,NE,A,We,B,G
Polytint:	Ln,M,
Ponds cold cream:	Bt
Unichem incontinence service:	All except U
Zest toilet soap:	Y,NE,A

COUNTERPOINTS

Bath oil in three sizes from Galenco

Galenco Cosmetics have added deep moisturising bath oil to their range. The bath oil comes in three sizes — a 20ml sachet (£0.20), 100ml bottle (£1.99) and 250ml bottle (£3.99). A 30ml facial cleanser is also now available (£0.49). *Galenco Cosmetics (UK) Ltd, 6 The Broadway, Thatcham, Newbury, Berks.*

Lastonet discount

Lastonet Products are offering 20 per cent discount on standard trade prices for all orders of Lastogrip tubular stockinette received in May. *Lastonet Products Ltd, Carn Brea, Redruth, Cornwall.*



A counter display unit holding Elastoplast First Aid kits is available pre-packed. Research by Smith & Nephew has shown that the kit is an impulse purchase and they claim the display unit will ensure it is displayed "to maximum advantage". Smith & Nephew Consumer Products Ltd, PO Box 81, Hessle Road, Hull HU3 2BN

Competition time with Plough...

A lucky draw competition for Rinstead pastilles and gel is underway in the North, South and Midlands. Representatives from the company are currently taking photos of the reverse-feed unit as they distribute them throughout chemist outlets. The photo with the name and address of each outlet written on the back is then entered into a lucky draw. A winner and a runner-up from each of the three areas will receive £500 and £100 respectively from a "mystery shopper" — if the display is in a prominent position. The competition runs until the end of June. *Plough UK Ltd, Penarth Street, London SE15 1TR.*

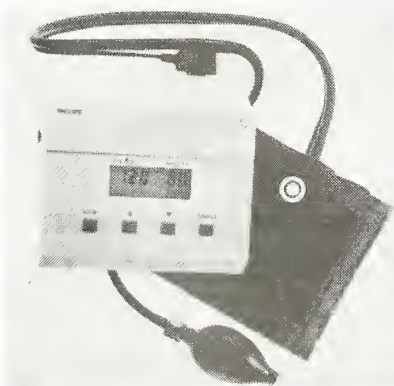
...and Beecham

Beecham Proprietary Medicines are running a Badedas consumer competition through chemists. Entrants have to identify several European cities featured in cryptic clues, locate them on a map and complete a tie-breaker. The competition runs until the end of August.

Three first prize winners will each receive a weekend in either Paris, Rome or Vienna. For fifty runners-up there will be exclusive towelling bath robes. POS material is available to support the promotion. *Beecham Proprietary Medicines, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*



Philips are introducing two blood pressure meters to be used at home. The HP5305 (£75) has digital display readings while the HP5304 (£39.95) gives gauge readings. Instructions for cuff inflation and use of the meters are provided in-pack. Philips Small Appliances, Drury Lane, Hastings, Sussex TN34 1XN



Sofline towels

Sofline press-on towels in packs of 10 and 24 (£0.33 and £0.67) are now available from *International Disposables Corporation Ltd, Navigation Road, Diglis, Worcester WR5 3DE.*

Lastogrip tubular stockinette - are you stockin' it?

There's never been a better time to stock Lastogrip Tubular Stockinette. With a 20% discount from standard trade prices on any quantity throughout May, it's cheaper than any equivalent brand. There's a new flesh colour. A full size range in both flesh and natural. A simplified size selection chart. And a radically revised pricing structure. Speak to your Lastonet representative or ring (0209) 714141.

Lastonet Products Ltd., Carn Brea, Redruth, Cornwall.

20%
DISCOUNT
ON ANY
QUANTITY

Patented
Medical
Tubular
stockinette

ARM	B	C	D
THIGH	E	F	G
LEG	H	I	J
ANKLE	K	L	M

1.0 Metre

Lastogrip

PRICES PROVE YOU'RE BETTER OFF WITH NUMARK.

JUNE OFFERS IN STORE 13TH - 25TH JUNE

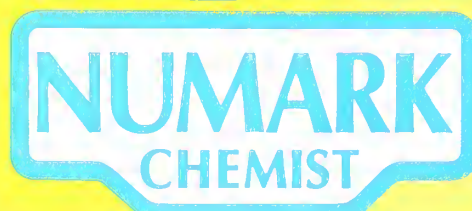
PRODUCT	PACK	CHEMIST BUY PRICE Excl. VAT
CURITY SNUGLERS. Toddler 12's	16	£21.73
MUM ROLL ON. 40ml.	12	£4.46
RIGHT GUARD DOUBLE PROTECTION. 150ml.	12	£9.08
CONTOUR CARTRIDGES. 5's	20	£13.99
LIMARA BODY SPRAY	6	£3.74
PENNYWISE. 10's	24	£5.72
DEXTROSOL. Singles	24	£4.66
HERMESETAS. 1200	12	£14.06
LIL-LETS. Super 20's. Plus 2 free tampons.	24	£15.12
NEW PANTY PADS. Super 10's	30	£10.54
AMBRE SOLAIRE ORIGINAL OIL. 120ml.	12	£16.96
DETTOL. 500ml.	12	£7.87
ULTRABRITE TOOTHPASTE. Large.	36	£8.44

FACT Numark O.T.C. buying power is bigger than that of any other U.K. wholesale buying group and consistently produces lower buying prices on top selling brands.

FACT Numark national press advertisements have consistently reached over 10 million housewife readers every month for the last eight years, attracting extra customers into Numark Chemists.

FACT Numark monthly merchandising kits are the most effective in creating extra sales.

To find out more about all the ways in which Numark can help to make your business grow, contact your local Numark wholesaler or Charles Morris-Cox at Numark Central Office, 51 Boreham Road, Warminster, Wiltshire BA12 9JU. Tel: 0985 215555.



A COMPREHENSIVE SERVICE TO THE INDEPENDENT CHEMIST.

PRESCRIPTION SPECIALITIES

Loramet capsules

Manufacturer Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks

Description Orange no 4 liquid-filled soft gelatin capsules containing 1mg lorazepam, printed "Wyeth" in black

Indications Short term treatment of insomnia including difficulty in falling asleep and/or frequent nocturnal awakenings

Dosage Adults: 1mg to 2mg before retiring. Elderly: Usually 0.5mg but 1mg if necessary. Not evaluated in children

Zantac uses expand

Zantac injection and tablets are now indicated for prophylaxis of gastrointestinal haemorrhage from stress ulceration in seriously ill patients, prophylaxis of recurrent haemorrhage in patients with bleeding peptic ulcers, and before general anaesthesia in patients considered to be at risk of acid aspiration (Mendelson's) syndrome, particularly obstetric patients during labour. A pack of 5 x 2ml ampoules Zantac injection

Contraindications Sensitivity to benzodiazepines; myasthenia gravis
Precautions, warnings etc Effects of CNS depressants including alcohol may be accentuated with concomitant use. Prolonged or excessive use of benzodiazepines may result in psychological dependence although careful use seldom does. Patients should be warned not to drive or operate machinery if dizziness or drowsiness occurs. Should not be given during pregnancy unless clinically justified. Elderly patients and those with cerebral vascular changes such as arteriosclerosis are likely to respond to smaller doses. Although it is generally well tolerated, headaches, dizziness, drowsiness and nausea may occur occasionally
Packs 100 (£8.00 trade)
Supply restrictions Prescription only
Issued May 1983

containing 50mg ranitidine per 2ml solution, will replace the 5 x 5ml pack. The price remains the same but the injection may now be given intravenously or intramuscularly.

Zantac tablets have received an "approvable letter" from the Food and Drug Administration in the US for short term use in duodenal ulcer and Zollinger-Ellison syndrome. Glaxo are now awaiting final approval on labelling. A spokesman told *C&D* that the company will seek approval for the injection.

Minocin markings

Use of azo dye in Minocin 100mg tablets has been discontinued and although there is no colour change tablets are now marked "Lederle 5336". *Lederle Laboratories, division of Cyanamid of Great Britain Ltd, Fareham Road, Gosport, Hants PO13 0AS.*

DDSA ibuprofen

DDSA Pharmaceuticals have introduced Ebufac brand of ibuprofen, available as tablets of 200mg (100, £2.35 trade; 500, £10.90) and 400mg (100, £4.45). *DDSA Pharmaceuticals, 310 Old Brompton Road, London SW5 9JQ.*

Hibitane 250ml

Hibitane obstetric cream 210ml has been replaced by a 250ml bottle (£0.91 trade). *Imperial Chemical Industries plc (pharmaceuticals division), Alderley Park, Macclesfield, Cheshire SK10 4TF.*

Bolvidon change

Bolvidon 10mg tablets will be white from June 1. *Organon Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 4BH.*

Steri-Strip

SKIN CLOSURE TAPE

AVAILABLE
ON DRUG TARIFF
ENGLAND AND WALES
1983

The primary name in tape skin closure

Produced by napp

3M HEALTH CARE

3M & Steri-Strip are trademarks

COMMUNITY CARE PRODUCTS

3M

DIARRHOEA

Oral rehydration in acute diarrhoea—A role for the Pharmacist

“Pharmacists have a special responsibility and opportunity for instructing parents about how to use rehydration correctly.”¹

Why oral rehydration?

Oral rehydration therapy to replace and maintain the body's balance of fluid and electrolytes is now recognised as first line therapy in acute diarrhoea.

Essential therapy for the young

Infants and young children are at particular risk of dehydration resulting from diarrhoeal

The dangers of “home-made” rehydration mixtures

One long standing piece of advice; ‘drink plenty of fluids’, whilst correct, is liable to misinterpretation by parents of children with diarrhoea.

The ideal rehydration solution is one that is nearly isotonic, containing appropriate amounts of electrolytes with a glucose/sodium balance to enhance absorption.

diarrhoea, and should generally be withheld for twenty-four hours. Soups, beef or yeast extract and ‘glucose’ drinks are inadequate to meet the total needs of the patient.

Home management can be successful

Of course the great majority of cases of diarrhoeal illness clear up within a day or two, irrespective of treatment. Yet gastroenteritis remains one of the top five reasons for hospital admission in the 6 month–2 year age group. Few of these cases will have received oral rehydration therapy.

Appropriate home management can help avoid severe dehydration. Ready-made rehydration mixtures such as Rehidrat remove the need for “home-made” solutions and their attendant risks.

Parents need only add cooled, boiled water to each sachet and offer this in place of all usual food and drink until the diarrhoeal illness is resolved. A normal diet can be reintroduced gradually after a marked reduction in diarrhoea for a period of 24 hours.

This first line therapy in no way interferes with further medical investigation that the family doctor or hospital doctor deem necessary and in the great majority of cases, is all that is required.

The first aid in diarrhoea



Full prescribing information is available on request



Searle Consumer Products,
Division of G.D. Searle & Co. Ltd., P.O. Box 53,
Lane End Road, High Wycombe, Bucks. HP12 4HL



illness, and unfortunately this is frequently difficult to detect until well advanced.

In fact mild dehydration can be assumed in any child with acute watery diarrhoea and appropriate rehydration steps should be taken.

A case for the doctor

Pharmacists are often consulted by people with diarrhoeal illness and some of these will need to consult their doctors. Infants, those with particularly severe or recurrent diarrhoea and anyone recently returned from “abroad” should be seen by their doctor.

However, there is one thing the Pharmacist can always offer with confidence, that is advice on rehydration.

Many ‘fluids’ readily available at home do not meet these criteria.

Milk, with the exception of breast milk, is often indigestible for a young child with

Prescribing Information

Presentation Foil/laminate sachet containing 14g of lemon and lime flavoured greyish-white granular powder with green particles

Composition		When reconstituted with 250ml	
Each sachet contains	water provides		
Sodium Chloride Ph. Eur.	0.44g	Sodium	50mmol/l
Potassium Chloride Ph. Eur.	0.38g	Potassium	20mmol/l
Sodium Bicarbonate Ph. Eur.	0.42g	Chloride	50mmol/l
Citric Acid Ph. Eur.	0.44g	Bicarbonate	20mmol/l
Glucose	4.09g	Citric Acid	9mmol/l
Sucrose Ph. Nord	8.07g	Glucose	91mmol/l
Fructose	0.07g	Sucrose	94mmol/l
Plus Flavours		Fructose	2mmol/l

Uses Oral replacement of fluid and electrolyte losses and subsequent maintenance of electrolyte equilibrium in mild or moderate dehydration associated with diarrhoeal disorders in infants, children and adults.

Dosage and Administration Refer to data sheet for full details of dosage and administration. Use in under 3 year olds should be on medical advice. The contents of one 14g sachet should be dissolved in 250ml (approximately half a pint) of freshly boiled AND COOLED water. For mild diarrhoea a simplified dosage scheme

may be suggested. Young children may be given Rehidrat solution in quantities usual for their normal feeds, in conjunction with an appropriate graduated feeding regimen. Older children and adults may be allowed to drink Rehidrat solution to satisfy their thirst.

Contraindications Renal impairment manifesting as oliguria or anuria, intestinal obstruction, paralytic ileus, intractable vomiting, severe diarrhoea and dehydration requiring parenteral fluid therapy.

Warnings and Precautions Rehidrat should not be mixed or given with electrolyte containing solutions. Salt or sugar should not be added to Rehidrat. The sugar content of Rehidrat should be considered when treating diabetics. Administration of oral glucose-electrolyte solutions to patients with glucose malabsorption may worsen diarrhoea.

Adverse effects Incorrect dilution could result in abnormalities of carbohydrate and electrolyte balance.

Retail price £1.17 for 3 x 14 gms sachets.

Product Licence Holder and Number G. D. Searle & Co. Ltd.

0020/0093. Full prescribing information is available on request.

Reference 1 The Pharmaceutical Journal, June 26, 1982, pp 725-7.

Rehidrat and Searle are registered trade marks.

Searle Consumer Products,

Division of G. D. Searle & Co. Ltd., P.O. Box 53,

Lane End Road, High Wycombe, Bucks. HP12 4HL.



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To complete the Elastoplast range, we announce the most invisible Clear plaster yet. Since every other plaster we make is a brand leader, it is transparently obvious which one you should stock.



The two words that sum up Endocil's new pack designs are "extra effective."

They're the first new packaging changes we've introduced in ten years.

We think you'll find these Endocil tubes and tubs, with their elegant gold lettering, will look sleek and sophisticated on your shelves, or in their smart new display unit.

You'll notice there's an addition to the Endocil range of tinted moisturisers too.

They're now available in Beige, Peach and new Nearly Natural.

Last autumn's advertising campaign could also be said to be extra effective as it really increased Endocil sales dramatically.

So we're continuing the series of stunningly different half-page ads in women's magazines.

This is where your customers will first see the redesigned Endocil packs.

The next place they'll look for them is on your shelves, so make sure they're there.

Effective



I am interested in having the new Endocil products and display in my shop, please ask your representative to call

Name _____ Address _____ Telephone _____

The Sales Manager, Chefaro Proprietaries Ltd, Cambridge Science Pk, Milton Rd, Cambridge CB4 4BH. 0223-312956

Script survey at Canvey makes use of the micro

Graeme Stafford qualified in 1976 and in August 1981 undertook a survey of prescriptions dispensed at the Health Centre, Canvey Island, where he works. He received a grant from the North East Thames Regional Health Authority for the project, and in carrying it out taught himself to programme BASIC and increased his knowledge of computers "to a degree which would have been otherwise impossible".

The population of Canvey Island is approximately 34,000 and is served by 16 general practitioners (including the four health centre doctors). The island forms rather a separate community from the mainland and therefore very few prescriptions from island doctors are dispensed "offshore" — conversely few scripts come onto the island from other doctors. Canvey Island is served by five pharmacies including the health centre, and due to the geographical setting and the rota — one week in five — around 18 per cent of scripts dispensed come from non-health centre doctors.

The health centre pharmacy — the only one of its type in Essex — was opened along with the centre itself in August 1980. The centre took in one existing practice with just four GPs. During August 1981 two trainees were being employed and the list of patients numbered 10,078. The pharmacy opening hours were chosen to fit the surgery hours, namely 9am-12.30pm Monday to Saturday, and 3pm-7pm Monday to Friday.

The survey was undertaken for three main reasons:

- ☐ To assess the workload in a health centre pharmacy to help others planning to move into health centres.
- ☐ To give the author "hands on" experience with microcomputers.
- ☐ To give the health centre doctors information on their prescribing habits.

The micro used was an ITT 2020 48K using Apple DOS:3.3 software and Applesoft floating point basic. Twin disc drives were used with 5-inch floppy discs. Printouts were obtained with an Epson MX-80 F/T and the text was written using the Easywriter word processor. All other software was written and developed by the author.

Four programs were developed for the project. Program 1 was used to produce a data base alphabetical list of products prescribed; program 2 was used to correct

this. Program 3 was used to give analysis of quantity, frequency and cost of prescribing. Program 4 gave the results of a month's prescribing by a single health centre GP, and statistics of non-health centre FP10s dispensed during the month.

Results

For the month of the survey (August 1981), 4,001 prescriptions were priced by the Pricing Authority (fewer than the number dispensed due to those referred back). Among these prescriptions health centre doctors ordered 729 different preparations (branded drugs, those prescribed generically and liquid preparations were treated as separate items).

Scripts from non-health centre doctors were written for 349 different preparations — 122 of these additional to the 729 from the resident GPs. Thus 851 different items were ordered during the month.

A survey of one individual health centre doctor's prescribing showed that of the 1,001 items ordered during the month, 364 different preparations were prescribed. A total of 718 items were dispensed originating from non-health centre doctors.

Conclusions

A health centre pharmacy provides the ideal setting for the practice of pharmacy. It is ideally situated for the patient to receive their medicines in a professional environment. The pharmacist can concentrate fully on the professional aspects of pharmacy and is able to establish a very close relationship with the GPs and other members of the health care team. With the facts from this survey it is hoped that doctors will be able to rationalise their prescribing habits. The health centre pharmacist is in an ideal position to be able to help in this way.

The health centre pharmacy is financed however in exactly the same way as other community pharmacies (although the health authority is very helpful in settling charges for rent, rates and services), and is only allowed to sell those products approved by the Secretary of State (see p874). Goods sold account for only around 10 per cent of total turnover and these items in general show only a small percentage profit. This means the health centre pharmacy relies almost totally on the NHS contract for remuneration. This, in my opinion, leaves it at a trading disadvantage, which in the case of a small health centre makes the business very marginal with respect to profit, while providing an excellent service to the community.

Table 1. The numbers of items dispensed and number of persons on the doctors' list per month during the first year at the health centre:

Month	Items	List
September 1980	3648	9890
October	4398	9924
November	4014	9954
December	4530	9979
January 1981	4721	9998
February	4611	10104
March	4662	10081
April	4245	10033
May	4317	10050
June	5185	10087
July	4983	10074
August	4020	10078
Total	53334	
Average	4444	

Table 2

	Number of scripts	Total ingredient cost £	Average cost £
--	-------------------	-------------------------	----------------

Non-health centre doctors	718	1,785	2.48
One health centre doctor	1,001	2,604	2.60
Other health centre doctors	2,282	6,106	2.67
All pre-prescriptions priced	4,001	10,594	2.62

Average gross value of each script £3.18 (excluding basic practice allowance) — taken from pricing authority figures.

Average gross profit on each script: £0.56.

Gross profit percentage: 17.6 per cent.

OTC sales: £1,373.93.

OTC sales as percentage of total takings: 9.74 per cent.

continued on p874

SUPER



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WHOLESALE DISTRIBUTOR: NAME: _____ PLEASE DESPATCH THE FOLLOWING GOODS TO: NAME: _____
 ADDRESS: _____ ADDRESS: _____

CODE	MIN UNITS	PRODUCT DESCRIPTION	TRADE PRICE EXC VAT	RSP INC VAT	NO OF UNITS REQUIRED	CODE	MIN UNITS	PRODUCT DESCRIPTION	TRADE PRICE EXC VAT	RSP INC VAT	NO OF UNITS REQUIRED
SUPERDENT TOILETRIES						SABRE MENS TOILETRIES					
108 02	24	SUPERDENT TABLETS 20's	£7.66	49p		SB 052 S6	6	SHAVE FOAM 350GM	£3.33	89p	
104 S1	12	SUPERDENT POWDER 300GM	£6.65	85p		SHADES COSMETICS					
130 02	24	SUPERDENT EXTRA CLEAN 25's	£11.07	72p		SC 10005	1	SHADES LIPSTICKS ASSORTED 48 ON TRAY	£8.16	29p	
127 02	24	SUPERMINT BREATH SPRAY	£13.91	79p		SC 10106	1	SHADES NAIL POLISH 36 ON TRAY	£6.12	29p	
135 02	24	SUPERDENT 30's + 5 FREE	£8.40	76p		SC 10202	1	SHADES QUART. EYESHADOWS 24 ON TRAY	£8.58	62p	
128 01	12	SUPERMINT 300ML + 25% FREE	£5.04	79p		SC 10302	1	SHADES CREAM BLUSHER 24 ON TRAY	£7.20	52p	
MBRAY TOILETRIES						SC 10402	1	SHADES KOHL PENCIL 24 ON CARO	£4.20	30p	
809 G1	12	NAIL POLISH REMOVER 200ML	£5.03	78p		SC 10502	1	SHADES LIP PAINT QUARTETTE BOX 24 ON TRAY	£8.58	62p	
810 G1	12	NAIL POLISH REMOVER 100ML	£3.37	55p		SC 10602	1	SHADES TRIO EYESHADOW 24 ON TRAY	£8.16	59p	
A 827	12	LIQUID SOAP 250ML	£7.75	99p	GREEN PINK WHITE	SC 10702	1	SHADES POWDER BLUSHER 24 ON TRAY	£8.58	62p	
ARNET PRODUCTS						SC 10802	1	SHADES EYESHADOW 24 ON TRAY	£7.60	55p	
795 RB	12	BLACK OUST COMB	£1.00	22p		SC 10902	1	SHADES FOUR EYESHADOW BOX 24 ON TRAY	£8.40	60p	
100 ON	1	60 6" ALL FINE COMB	£1.77	12p		SC 11002	1	SHADES COLLECTION 24 ON TRAY	£12.46	89p	
200 DA	1	72 7" COARSE, FINE COMB	£2.25	14p		SC 11102	1	SHADES EYESHADOW PALETTE 24 ON TRAY	£9.66	69p	
PLEASE TICK IF YOU ARE A NEW E.R. HOLLOWAY CUSTOMER.						SC 053 SS	1	SHADES SELFESTA WITH 18 ASSORTED BOXES	£31.20	£2.99	

Adapting to computer labelling — a users' view

Having completed the prescription survey, Graeme Stafford and his employer, Miall James, turned their talents towards developing a labelling system on the computer for use in the Health Centre at Canvey.

It was always certain that Council's decision to end hand-written labels would produce a variety of reactions. These range from the straight reactionary to those wholehearted supporters, and include on the way those who have taken the opportunity to widen the debate to include more detailed labelling.

Meanwhile, the advertisement columns of the pharmaceutical Press are full of the efforts of our colleagues who, having learned the art of programming, are anxious to pass on the fruits of their labours. The systems available, like our colleagues, are many and various and there may be as many answers as there are pharmacies. We have, over the past two years, faced the challenge the microchip has posed. It is not a question of "are you going to use a computer," but "when and how?"

We do not claim that our scheme will provide a universal answer to all community pharmacy's labelling problems. We posed the system some questions, set out to answer them, and in doing so feel that we have produced an efficient system which will enable us to improve patient care and use the time of expensive staff economically.

Problems with typing

Our starting point was dissatisfaction with hand-written labels, but we found that in a busy dispensary typing was only effective when the best typist was present, and different typists adopted different

styles. We had also developed a pre-packing operation, and tended to type basic labels, adding names and dates to suit. This meant that the bench was covered in an array (or so it seemed) of boxes when one added all the additional labels to the list.

Having obtained a computer for a research project (with help from North East Thames Regional Health Authority) we decided on its completion to turn our attentions to computer labelling applications. It seemed to us that the purpose of a labelling program was to produce a clear label, quickly and economically, which included adequate instructions for the patient, so that he or she may receive the maximum benefit from the prescribed medicine. We do not believe that any label can render patient counselling unnecessary, but the label can back up what the pharmacist says to the patient so that it is recalled later when the label is read, particularly if the person collecting the script is a messenger rather than the patient.

Price v flexibility

The choice of hardware at the time was between cassette or floppy-disc based systems. Hard disc was ruled out at first because of the price but the system needed to be flexible enough to allow its use in time. Cassette-based systems are limited and cannot really be considered for serious applications, so we chose the Apple II 48K, with twin floppy drive, a

buffered Epson MX80 printer and later added a 128K RAM board. The hardware cost just over £2,000.

Inadequate experience

We considered producing our own program, but felt that our experience at the time was inadequate, and that we would do better purchasing existing software that we could adapt. After much discussion we purchased the Pre-scribe programme from Micro-management of Ipswich.

At the time this included stock control features which we soon learned were difficult to use, not because of faults in the program but because in our dispensary prescriptions are coming in all the time and we could not hold up dispensing to operate other options. We were left with the capability of producing a label of seven lines, each up to 40 characters in length. We felt that changing the program would allow a redesigned label which would hold 10 lines of 40 characters without reducing legibility, but allowing fuller instructions. We await the publication of the report of the Society's working party on information to patients to guide us further.

Speed of operation being essential we have recently added a virtual disc to the system. This is a RAM card which acts as a disc. As there are no moving parts access times for disc files are cut by up to ten times. Labels can be produced quickly enough by one person to keep two technicians dispensing continuously — without a break waiting for the computer.

By placing the computer in the shop near the till it is easy to make sure that all essential information is on the script and any queries can be dealt with before the patient sits down or leaves the pharmacy. The printer is kept remote from the computer in the dispensary allowing easy access by the dispensary staff to the labels. The technicians dispense the script, endorse it then pass it onto the checking bench. The pharmacist checks it, then personally gives each one out.

Future expansion

Nothing stands still and we have plans to develop the system further. We are now introducing this system into two other branches and hope to buy a hard disc to start patient records which will be essential for adverse reaction monitoring and drug-drug interaction detection in the pharmacy. We feel this is essential having seen the 40 megabyte mini computer (1,000 times bigger than our micro) used by a local dispensing doctor. These systems have the power to perform tasks that the average community pharmacist will never be able to afford without government help, but if we do not keep abreast of developments our hopes of becoming accepted in the community as the expert on drug use will be lost for ever. ■

Restraints on health centre trade

Health centre pharmacies should therefore have the restraint on trade removed — this would mean that the pharmacist would inevitably have less time to spend on his professional duties — or have some enhancement to the usual NHS remuneration.

Items which may be sold or supplied privately in a health centre pharmacy:

- ☐ Drugs and medicines on the written prescription of a medical practitioner, dental practitioner or veterinary surgeon; drugs and medicines prepared for specific customers.
- ☐ Pharmaceutical preparations to be used in the Health Centre and pharmaceutical services required by the health centre.

- ☐ Medicinal products as defined in Section 130 of the Medicines Act 1968.
- ☐ Foods used by invalids in sustaining and restoring their health.
- ☐ Goods and foods used in the care of infants.
- ☐ Disinfectants, antiseptics.
- ☐ Surgical appliances, dressings, plasters, nursing requisites.
- ☐ Sanitary towels and similar goods for women's hygiene.
- ☐ Goods necessary for the maintenance of dental and oral hygiene.
- ☐ Family planning requisites.
- ☐ Chiropody requirements.
- ☐ Veterinary medicines.
- ☐ Electro-medical and actino-therapeutic apparatus and services.
- ☐ Scientific and diagnostic materials, apparatus and instruments.
- ☐ If part of the catchment area is rural: agricultural, horticultural and industrial chemicals, insecticides and pesticides.



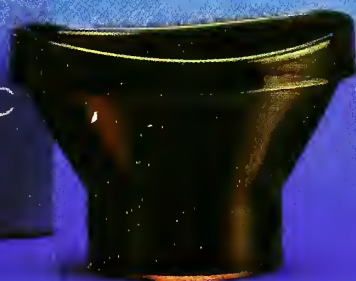
What a sight for sore eyes.

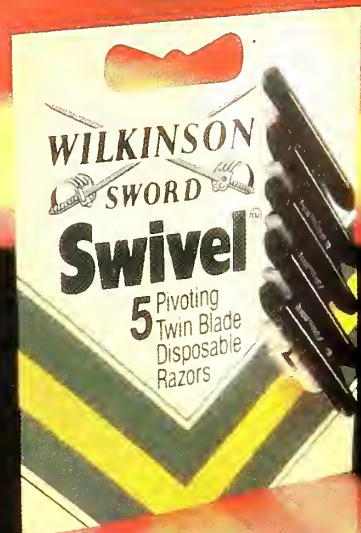
Optrex is back on TV for the first time in 5 years.

We'll focus the public's attention on the eye care brand leader with a £500,000 TV campaign to lift our sales even higher.

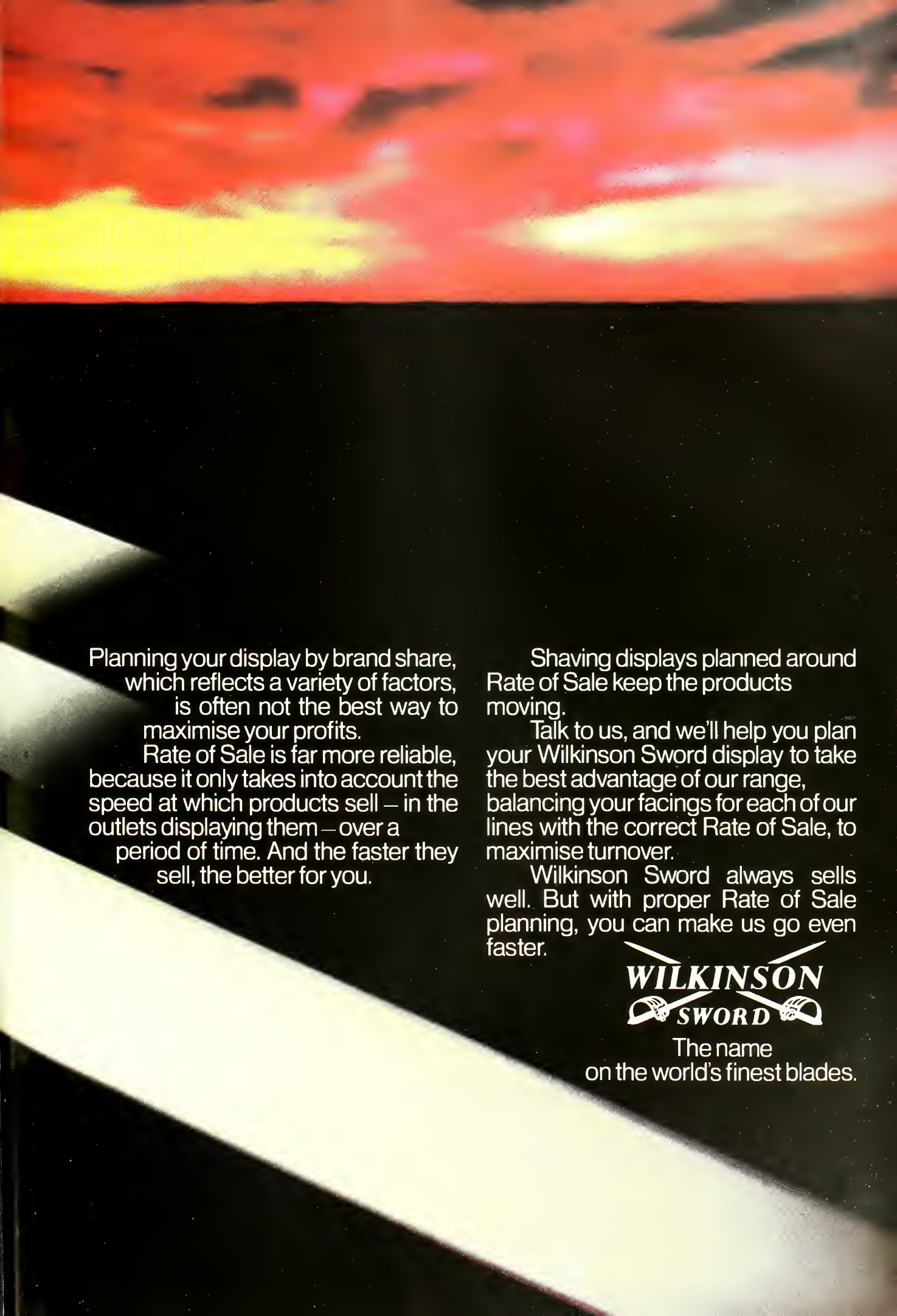
This is the high season for Optrex.

Now that we've tipped you the wink, give us the nod to boost your stocks of Optrex.





The
going rate.



Planning your display by brand share, which reflects a variety of factors, is often not the best way to maximise your profits.

Rate of Sale is far more reliable, because it only takes into account the speed at which products sell – in the outlets displaying them – over a period of time. And the faster they sell, the better for you.

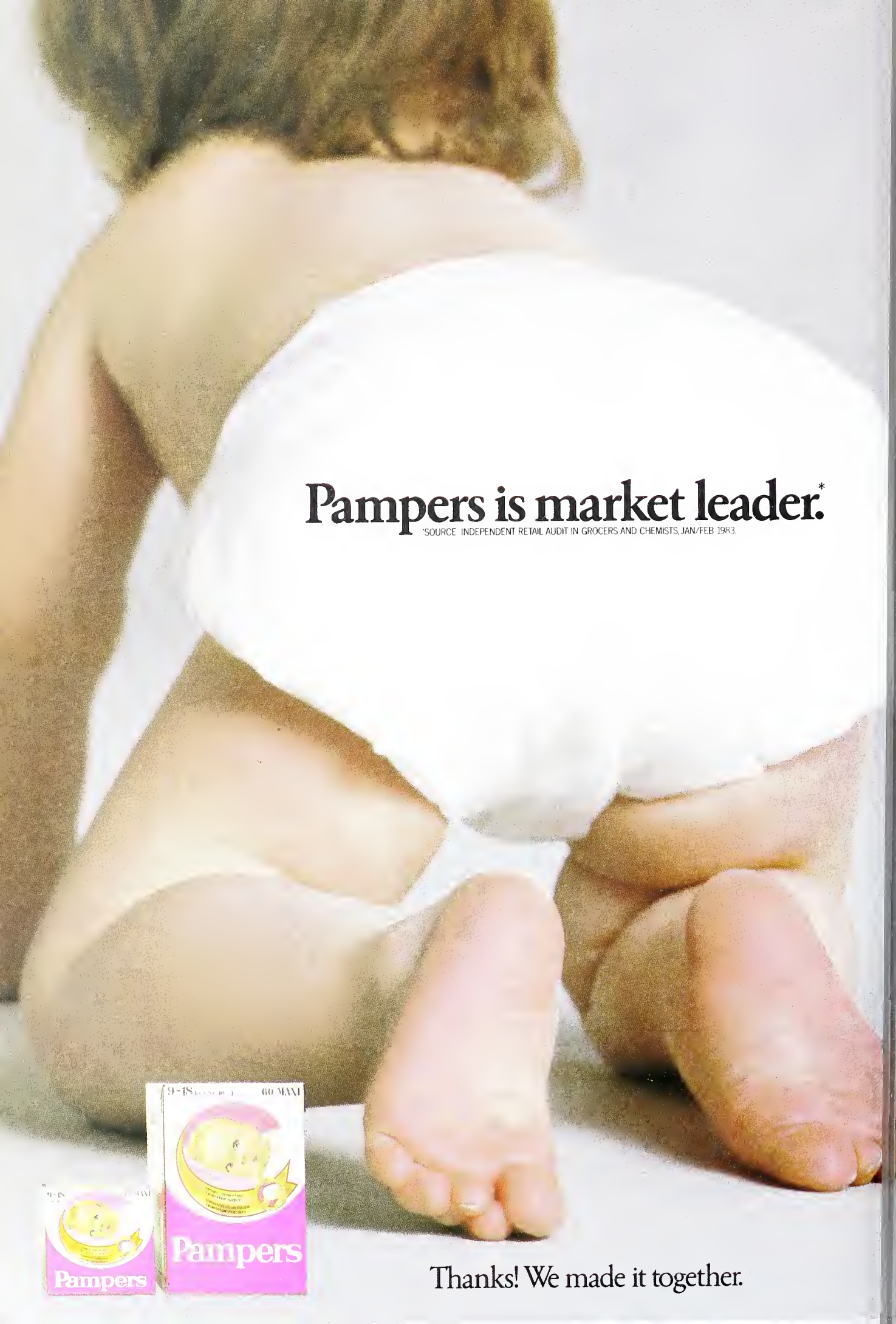
Shaving displays planned around Rate of Sale keep the products moving.

Talk to us, and we'll help you plan your Wilkinson Sword display to take the best advantage of our range, balancing your facings for each of our lines with the correct Rate of Sale, to maximise turnover.

Wilkinson Sword always sells well. But with proper Rate of Sale planning, you can make us go even faster.



The name
on the world's finest blades.



Pampers is market leader.*

*SOURCE: INDEPENDENT RETAIL AUDIT IN GROCERS AND CHEMISTS, JAN/FEB 1983.



Thanks! We made it together.

Concessions, conciliation and controls in business

Many self-employed businessmen and controlling directors of businesses have taken advantage of very favourable tax concessions to take out personal pension plans. These plans, designed originally for the self-employed, also apply to employees without an occupational pension scheme.

One of the difficulties has been that, under Inland Revenue rules, policies taken out with insurance companies have not been usable as a security for business loans. This has been quite frustrating when cash may be urgently needed, since quite a lot of money can be "locked-into" such policies.

However, quite a number of insurers have managed to get around this difficulty. An individual with a personal pension contract can obtain a loan either from the insurance company in question, or — by arrangement with the insurance company — from a finance house.

He then pays only the interest on the loan, and the loan itself does not have to be repaid until the pension contract comes to fruition at retirement age. Part of the

pension can then be taken as a lump sum. This is then used to repay the loan in question.

Since the policy itself cannot be used as security, other assets are usually required to secure the loan. However, unlike a bank loan, there are normally no restrictions on the use to which the money can be put, and it cannot be recalled at the whim of a bank manager.

The amount of the loan will be either a multiple of the annual premium paid, or based upon the lump sum payable when the contract comes to fruition. Those with self-employed pension plans should make inquiries of their insurance company. Those contemplating taking out such a plan should ensure the company has arrangements for loanbacks to be made.

Settling by conciliation

Employers may be faced at anytime with claims for compensation for unfair dismissal. This means there is a possibility the claim will go to an industrial tribunal, with all the procedures that a hearing involves.

In order to avoid this, an employer may offer the employee in question a sum of money in return for an agreement that the claim will not be taken to a tribunal. By law such an agreement is, however, completely void unless a conciliation officer of the Advisory Conciliation and Arbitration Service is involved.

When an unfair dismissal claim is lodged, a conciliation officer is automatically sent in to try to effect a settlement between employer and ex-employee. Such proceedings take place on a confidential basis and, if they do break down and an industrial tribunal hearing takes place, then the tribunal is not told the reason for the breakdown. Nor does it know whether any amount of money has been offered to effect a settlement.

If, on the other hand, agreement can be reached between employer and

employee, then such an agreement is legally binding and the case is withdrawn.

The whole point of the exercise is that for such an agreement to be binding, it must be effected through the action of the conciliation officer. If not, then however much money an employer pays, the employee can still proceed with his case to a tribunal hearing.

When the matter is processed through the conciliation officer he will record any agreement made on a special form, which both parties will then sign. This will be evidence of a valid agreement. Then, if the employee still tries to persist with his claim, the tribunal will refuse to hear the issue and consider the matter closed.

That is why it is important for any employer who wishes to make a settlement to ensure that he acts through ACAS.

Inland Revenue tightens control

Inland Revenue are now tightening up on work done for businesses by those who, up to now, have been classified as self employed.

There is quite an exercise going on to

classify under schedule E many individuals who have hitherto been taxed under Schedule D.

'Greatest danger'

The greatest danger for businesses arises where they enter into a permanent arrangement with an individual to work for the business, but treat that person as self-employed. The idea is that the self-employed individual can claim certain expenses he would not otherwise be entitled to, and the employer is relieved of making tax deductions and paying national insurance.

However, in an industrial tribunal case a couple of years ago, it was shown quite clearly that the arrangement was a sham and the "self-employed" person was in no different a position to any other employee. He was not only controlled in relation to what he had to do but also how he did his work.

The events subsequent to this case have not been reported, but no doubt the Inland Revenue stepped in and, as the person was an employee, PAYE would have been deducted.

'Large back tax bill'

This probably means the employer had a large back tax bill to meet. The DHSS could step in and claim the employer's social security contributions going back a number of years.

Such arrangements are quite common and, because things are tightening up, businesses should hesitate before entering into such a relationship with individuals.

That is not to say businesses cannot use genuinely self-employed

Continued on p883



Fisons Pharmaceuticals were among seven winners of a silver award in the 1982 British Medical Association film competition. The awards are made annually to health and medical educational films.

Dr Alan Edwards, medical director, Fisons UK, is pictured receiving a silver award from Dame Josephine Barnes, past president of the BMA

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There will also be special offers running on a selection of drugs.

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a tablet

So we've done it!

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year round use, warming,
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The Tablets in cartons of
18 and 36, are especially
convenient for taking on
holiday for on the
spot relief from
Holiday Diarrhoea.



Collis Browne's Mixture

LIQUID & TABLETS – SOOTHE AWAY DIARRHOEA

'Regular' self-employed classed as employees

persons to do specific jobs. For example, you might call in an electrician to rewire your premises, or a business expert to rearrange your accounts. This would be genuine use of a self-employed individual.

Where you are at risk is where you use someone on a regular basis and have some control on the way the work is done. At any time the tax authorities could step in to determine whether that person — even though not used full time — should be treated as an employee.

Sometimes the dividing line is very narrow, but you should not try to get around the rules by treating as self-employed someone who is really an employee.

Concessions for small employers

A number of employers with few employees are not clear about their position in relation to dismissal. The main question concerns the qualifying period an employee has to serve before being able to lodge a compensation claim for unfair dismissal.

Normally, only a year has to be continuously served. Then, if an employee is dismissed, he has the right to make a claim — although whether he will succeed or not depends on the facts of the case.

However, for an employer with 20 or fewer employees, a period of two years must be served before an employee who is dismissed can put in a claim.

Directors included

In deciding whether your business comes into this category, directors drawing a salary are included in the calculation. So too are the employees of associated companies or businesses. An associated company is one of a group with common ownership or common financial control. Thus if a business owns three or four shops or offices, even if they are operating under different names and in different lines of activity, it must add all of its employees together to see whether the concession applies.

If the total number of employees is over 20, then the concession will not apply to the firm or business concerned. ■

PSGB STATUTORY COMMITTEE

CD script written by pharmacists

Two Scottish pharmacists, now retired, who illegally filled in prescriptions for a local doctor, were reprimanded by the Statutory Committee of the Pharmaceutical Society recently.

The Committee was told that the pharmacists, Mr Jack Given, 73, of Oakfield Street, Kelty, and Mr Edward Herdman, 69, of Alexander Avenue, Grangemouth, pleaded guilty at Dunfermline Sheriff Court in August, 1981, to supplying a Controlled Drug on a prescription which had not been written out by a doctor. They were subsequently admonished and dismissed by the court.

Blank forms

Mr Josselyn Hill, for the Society, said the two pharmacists filled in blank prescription forms at the Central Fife Co-operative Society's pharmacy at Oakfield Street, Kelty and dispensed them after the doctor called in to sign prescriptions. There was no evidence that the prescriptions were dispensed and medicines handed out to patients before they were signed. At the time the police were investigating drug addiction and abuse in the town.

Mr Hill said: "It would be fair to say

that these two rather elderly chemists got shot down in the cross-fire, and were not the prime object of the police investigation." The real culprit was the doctor. Both chemists had now retired from full-time employment, added Mr Hill.

'Not proper or legal'

In a statement to the police, Mr Herdman said he knew it was not proper or legal to fill in blank prescriptions, but it was the done thing and he did not query it. Mr Given told the police he did not consider he was doing anything seriously wrong. The doctor left a pad of unsigned prescriptions at the shop and all they were doing was acting as a sort of receptionist for him.

Mr Thomas Johnston, for the two pharmacists, said the villain of the piece was the doctor, who set up this system into which the pharmacists drifted without realising the full implications of what they were doing.

The chairman, Sir Carl Aarvold, said the Committee believed the two pharmacists were lacking in judgment rather than acting in a deliberately dishonest way. In those circumstances, they did not feel it necessary to direct that their names be removed from the Register. "We want to mark our dislike of their conduct by ordering that a reprimand be addressed to them," he added.

Psychiatrist's report called for

The case of a pharmacist who stole money from his employers was adjourned for a further 12 months by the Committee after they read a report from a leading psychiatrist.

The Committee was told last month that Mr David Blake, 46, of Coombe Road, Bushey Heath, was convicted of stealing £120 from a Leverstock Green pharmacy owned by Manorfield Emprise Company between January and March, 1980, and was fined £200 by Hemel Hempstead magistrates. He also admitted that some time after that court appearance, he stole money from another employer who declined to prosecute him.

'Pressures'

His counsel Mr Michael Pooles urged the Committee to adjourn the case for a month to enable a psychiatrist's report to be prepared.

The Committee was told last month that Mr Blake did not know why he took the money. He was not in any financial difficulties at the time. He had just sold his business and had money in a special

deposit account.

At Friday's adjourned hearing, Mr Pooles presented a report from the psychiatrist which stated that Mr Blake was not suffering from any mental illness and the stealing was of a neurotic nature, arising from pressures in his marital life.

'Out of his system'

The chairman, Sir Carl Aarvold, said the psychiatrist had assured the Committee that Mr Blake had now got the stealing out of his system and it was not likely to recur. The Committee was inclined to take the suggestion in the report that the matter required further time for difficulties to be resolved and under those circumstances, they felt the case should be adjourned for a further 12 months.

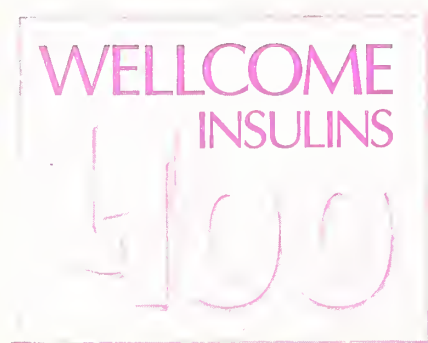
Sir Carl added that should there be any repetition of dishonesty of any kind before the case came before them again, there would be no alternative but to order that Mr Blake's name be removed from the Register.

A further Statutory Committee report is on p887

In a ch world



From March 1st, 1983



Prescribing Information

Uses Management of Diabetes mellitus.

Dosage and administration. Dosage to be determined by the physician. Site of injection to be changed according to suitable routine. Avoid unintentional intravascular injection. *Neusulin, Insulin Injection BP:* Administered s.c., i.m. or i.v. S.c., onset of action within 30-60 minutes, duration 6-8 hours. I.m., onset is faster and duration is shorter. I.v. administration has fastest onset and shortest duration, usually reserved for investigational use or diabetic ketoacidosis. *Neuphane, Neulente:* Administered s.c. or i.m. *Not to be given i.v.* S.c., onset of action within 2 hours, duration (Neuphane) 20-24 hours, (Neulente) 24-28 hours. I.m., onset is faster and duration shorter. Mix well by gently inverting the vial several times before use. *Mixing:* Neusulin

WELLCOME PURIFIED INSULIN

anging



Wellcome purified insulins, Neusulin, Neuphane and Neulente (and Insulin Injection BP [purified]) are now manufactured in 100 unit presentations. All other Wellcome Insulins continue to be available.

What hasn't changed is their quality; they offer smooth, prolonged and effective control for most diabetics. And, as you know, Wellcome – the first British pharmaceutical company to manufacture insulins – has always been innovative in the production of service items that contribute towards an optimal control of the condition.

Wellcome Insulins – a history of quality; a future of development.

Neusulin*
Neutral Insulin Injection
BP (purified) Wellcome

Neuphane*
Isophane Insulin
Injection BP (purified) Wellcome

Neulente*
Insulin Zinc Suspension
BP (purified) Wellcome

Insulin Injection BP may be mixed in the syringe, on medical advice, with Neuphane or Neulente if required, *provided the mixture is injected immediately*. However, it is preferable to avoid mixing insulins of different pH. See data sheet for procedure. **Contra-indications** Hypoglycaemia. **Precautions** Dosage requirement may alter with change of lifestyle, infection, pregnancy and with change in species, or purity of insulin. Hypo- and hyperglycaemia may be enhanced by drugs which interact with insulin. Beta-blockers may affect insulin release and mask hypoglycaemia. MAO inhibitors may potentiate insulin. **Side-effects** Hypoglycaemia. Possible altered visual refraction. Local reactions at the site of injection. **Storage** Store at 2-8°C. Do not freeze. Avoid direct sunlight. **Presentation** Neusulin,

Neuphane, Neulente and Insulin Injection BP (purified) Wellcome* are available as 100 units per ml, in vials of 10ml.

Basic NHS costs

Neusulin 100 units/ml PL3/061 £5.70
Neuphane 100 units/ml PL3/0162 £6.15
Neulente 100 units/ml PL3/0171 £5.37
Insulin Injection BP 100 units/ml PL3/0165 £5.70

Further information is available on request.
Wellcome Medical Division
The Wellcome Foundation Ltd, Crewe, Cheshire

*Trade Mark



WARDS OPTIMAL CONTROL.

Caladryl!*



**A single treatment
for sunburn and insect bites.**

An excellent recommendation for your customers.

Data sheet available on request from Warner-Lambert (UK) Limited, Southampton Road, Eastleigh, Hampshire SO5 5RY. Tel: 0703 619791

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PARKE-DAVIS

*Trademark R83325

PSGB STATUTORY COMMITTEE

Continued from p883

MDA contravention brings reprimand

A respected Durham chemist who mistakenly believed he had cancer treated himself with a pain-killing drug because he could not face telling a doctor about his fears, the Pharmaceutical Society's Statutory Committee was told last week. But in doing so 62 year old Mr William L. Murray contravened the Misuse of Drugs Act and this, said the Committee's Chairman, Sir Carl Aarvold, was a serious breach of the professional standards that Mr Murray, himself, was anxious to uphold.

Overwhelmed by anxiety

Reprimanding Mr Murray, Sir Carl said that the Committee understood that he had been overwhelmed by anxiety, but they had to maintain the honour and status of the pharmacy profession. Mr Murray's counsel Mr Anthony Purnell, said that when he finally went to hospital he was found to have a chronic duodenal ulcer and was now cured. He had sold his business in Front Street, Lanchester, and

worked as a locum for other pharmacists who had every confidence in him. Colleagues had written to the Committee testifying to his lifetime's work as a community pharmacist.

Mr Murray, of Westcott Drive, Durham, appeared before the Committee as a result of his conviction by Consett Magistrates in January last year of three offences of possessing Diconal tablets, and three offences of failing to enter the Diconal in his drugs register.

Stomach pains

Mr Purnell said that in the early 1970's Mr Murray's doctor prescribed Diconal tablets to relieve his very severe stomach pains, and this continued until the doctor, himself died. But Mr Murray did not then consult the other doctors in the practice because he feared that if he went to a new doctor he would have to undergo a rigorous medical examination which might reveal he had cancer.

He just did not want to know about that possibility and so began the practice which led him first before the court and now before the Committee of taking the tablets which had always before been prescribed for him.

Mr Murray told the Committee that in 1981 he weighed six stones eight lbs and his present weight was eight stones six lbs. He was very sorry for what had happened but at the time there seemed no other way. He was now quite satisfied that he was not suffering from any form of malignant disease.

Spoken well of...

The Society's inspector for the Durham area, Mr Stanley Booth, said he had known Mr Murray for 25 years. He had developed his pharmacy from a modest beginning into a substantial and prosperous business. He was widely known in county Durham and his colleagues always spoke well of him.

Mr Josselyn Hill, for the Society, said that Mr Murray pleaded guilty before the magistrates and asked the court to take into consideration eight further offences — four of unlawful possession and four of failing to enter the Diconal in his register. The offences were discovered when a "drugs squad" officer called at the pharmacy on a routine visit. There were discrepancies in the Controlled Drugs register and between the amounts of Diconal purchased from wholesalers, the amount dispensed and in stock.

Mr Hill added that there was no evidence or suggestion whatsoever of any trafficking in drugs. ■

Where every chemist must go in June...

Shopex

International 83 THE RETAILING EVENT OF THE YEAR

Shopex International is Europe's leading annual shopfitting, display and equipment exhibition. Exhibitors will be showing everything from shopfitting, shop interiors, shelving, display, check outs, cash registers, electronic point of sale, labelling, signs, decorative materials, flooring, lighting, shopfronts, wirework, storage equipment and complete display systems.

The latest ideas from Europe's top shopfitting, display and equipment companies

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PLUS, over 200 exhibitors ...

SHOPEX INTERNATIONAL '83 ... everything from a complete shop to a labelling gun ... JUNE 12-16 at OLYMPIA, LONDON

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For complimentary tickets and details of workshops complete the coupon below ...

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Please send me ... complimentary tickets to Shopex International Company

Address

Name

Business

If he's got hay fever, here's one treatment he won't sneeze at.

Actifed Tablets. Each one contains an antihistamine (triprolidine) plus pseudoephedrine. Together, they'll quickly and effectively relieve the misery of hay fever.

But what happens when the hay fever season comes to an end? Happily, you can continue to recommend Actifed Tablets.

Because when it comes to colds and flu, they'll also provide rapid and effective relief.

What with the oncoming hay fever season and Britain's history of cold summers, Actifed Tablets are something no pharmacist can afford to sneeze at.



Presentation: Each tablet contains 2.5mg Triprolidine Hydrochloride BP and 60mg Pseudoephedrine Hydrochloride BP. **Indications:** Symptomatic relief of upper respiratory congestion in the common cold, hay fever, vasomotor and allergic rhinitis, acute sinusitis, otitis barotrauma. **Dosage:** Adults and children over 12 years: 1 tablet three times a day. **Contra-indications:** Actifed is contra-indicated in persons hypersensitive to pseudoephedrine or triprolidine and in those under treatment with MAO inhibitors and within 2 weeks of stopping such treatment. **Precautions:** Although at recommended dosage pseudoephedrine has virtually no pressor effects in normotensive subjects, Actifed should be used with caution in patients with cardiovascular disorders including hypertension. May cause drowsiness which, in some patients, may be potentiated by alcohol or other central sedatives. **Cost to retailer:** £0.57 for 12 tablets (PL3/5003). Further information is available on request. **Wellcome Consumer Division, The Wellcome Foundation Ltd., Crewe, Cheshire.**



Wellcome

Actifed is a Trade Mark.

Background to the new code of ethics

The Pharmaceutical Society's Council, at its meeting on April 27, formally approved a new code of ethics, and agreed to publication of a set of guidance notes that have not yet been considered by the Council (see p852).

The Ethics Committee recommended in February 1982, that a small working party should be set up to draft a new Statement upon Matters of Professional Conduct. The working party's report, together with the new code of ethics and guidance notes, were considered by the Committee on March 28, 1983. The Committee proposed that the Code, with certain amendments, should be accepted as Council policy.

The Committee recognised that the guidance notes would make fundamental policy changes, particularly on publicity, but it was agreed that detailed consideration of the notes should be postponed until comments from relevant

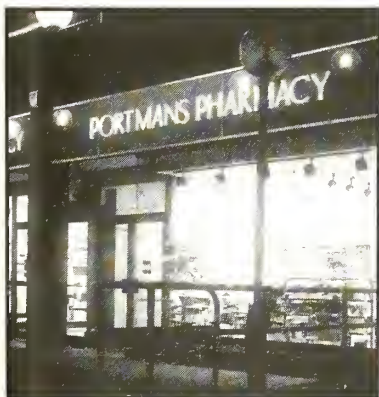
organisations had been obtained. The Committee recommended that comments should be sought by December 1, 1983, from the Society's branches, the National Pharmaceutical Association, the Company Chemists' Association, the Co-operative Union, the Guild of Hospital Pharmacists, the Pharmaceutical Services Negotiating Committee and the Pharmaceutical General Council (Scotland). The Committee also recommended that the code and its guidance notes should be presented at the annual meeting in May, 1984, for approval. Council accepted these recommendations at its meeting on March 30.

Mr W.M. Darling, as chairman of the Ethics Committee, said that the working party had seriously considered the change in the code's format. Similar documents of other professions both in Britain and overseas had been studied. It was felt that

the code should be very short and very explicit, and that there was an advantage in having notes for guidance which did not have the same force as the code itself, but explained what Council felt should be interpreted as coming within the Code. He believed it was right for the special meeting of the Ethics Committee to adopt the code as Council policy, but not to consider the notes for guidance until after they had been considered by the membership, and certain other organisations within pharmacy.

Referring to clause 7 on publicity, Mr Darling said the Committee was aware of the Office of Fair Trading's pronouncements in relation to other professions and it felt that it would be better for the profession to come forward with an advertising practice for pharmacy than to have it imposed on the profession by outsiders. In clause 7 a distinction had been made between the types of advertising information that the public needed from a pharmacy, namely availability of professional services, and availability of commercial items when a

Continued overleaf



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Not just for now, but for years ahead?
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CD 14/5

FPA urges doctors to consider post-coital contraception

Doctors throughout the UK are being urged by the Family Planning Association to make post-coital contraception available to all women who need it. The FPA stresses that the method should only be used in an emergency, such as rape or failure of a mechanical method, eg a burst sheath, and that women should see their GP not dose themselves. Mr Alistair Service, FPA general secretary launching the campaign this week, said that around 200,000 women become pregnant unintentionally each year. Of the 130,000 British women who had an abortion in 1981, 80 per cent had the operation within twelve weeks. About half the women knew they did not want a baby from the start.

One aim of the campaign is to reduce the number of abortions by a quarter or more.

Use of post-coital contraception in the form of a "morning after" pill does not constitute a criminal offence under the Offences Against the Person Act, Attorney-General Sir Michael Havers said in a Commons reply this week.

Schering Chemicals Ltd and Wyeth Laboratories in a joint statement recently said that product licences issued to them do not permit promotion or recommendation of any of their oral contraceptive preparations for this use (post-coital contraception) and there is no intention to seek licensing for such use.

Schering and Wyeth emphasise that they cannot endorse or recommend the use of their products in any such method.

Fate of Greenfield report in question

Legislation that will be lost because the Prime Minister has decided to call a general election on June 9 includes the Data Protection Bill and the Police and Criminal Evidence Bill. The Health and Social Services and Social Security Adjudications Bill affecting the constitution of Family Practitioner Committees is expected to be passed this week.

Also called into question are various reports being prepared for Ministers in the Department of Health: the Binder, Hamlyn, Fry inquiry into costs of Family Practitioner Services, the study by management consultants announced last week of ways to improve the administration of the FPS; the comments

by interested bodies on the Greenfield report on effective prescribing, and the findings of the Commons Public Accounts Committee. The reports will still be produced but the way they are handled will depend on the outcome of the election and the party in power.

Policies sought on consumer affairs

In anticipation of the general election, *Which?* magazine asked the major parties to outline their policies on consumer affairs.

All agree that basic consumer legislation must be kept up-to-date, but the parties differ in their approach.

Inequalities in the Health Service must be tackled, says the SDP. A saving of £30m to £50m a year would be made if retail pharmacists were encouraged to substitute generic drugs for the branded products. The role of Community Health Councils should also be strengthened. Safety measures suggested by the SDP included a review of the present system of examining new drugs and medicines, and a change in small claims procedure.

"Made in Britain" should also mean "made to British standards of quality and

safety" says the Conservative Party. It is also essential to keep a sensible balance between the trader and the consumer, because "too much regulation stifles the trader and so reduces the choice for the consumer." Proposals giving more control over the safety of goods are to be put to Parliament.

A product research unit should be established to test both product and the manufacturing claims, states the Labour Party. The idea of product liability is supported by both the Labour and the Liberal Parties, and Labour says the law on price marking and bargain offers must be made more effective. Measures controlling advertisements must also be tightened.

The powers of the Monopolies Commission should be strengthened, according to both the Liberals and the Social Democrats, enabling it to act more quickly. The Liberals say there is also a need for consumer education in schools and properly equipped and staffed centres to give consumer advice.

Customer rights

Which? subscribers are advised of their rights as customers in the latest issue of the Consumer Association's magazine. A step-by-step guide includes the following points: All goods offered for sale must be of merchantable quality, and this includes sale goods. They must work properly and not be damaged, unless the customer is

Continued on p896

PSGB Council

Concluded from previous page

restricted title was used. The Committee has concluded that when a restricted title was used in an advertisement for commercial products, it was an indirect advertisement for professional services, and, therefore, certain criteria and conditions should apply. The membership should know what Council and the Ethics Committee would regard as acceptable and what would be regarded as unacceptable.

Other members of the working party were Dr T.G. Booth, Mr B. Silverman, Mr G. Appelbe (head of the Society's law department) and Miss A. Pascoe.

□ The Society is to provide preregistration graduates with lists of reading matter and details of courses on management and administration.

□ A letter is to be sent to a manufacturing company depreciating its use of a questionnaire to obtain information from community pharmacists on supplies of particular

products to district nurses. The letter is to be sent on the recommendation of the Ethics Committee, which considered that the information requested would amount to a breach of confidentiality.

□ The Society's exploratory discussions with the Department of Health on the change of status of certain prescription only medicines to that of pharmacy only medicines are to take place on June 1.

□ The dates for the Society's weekend computer exhibition are October 22 and 23. There will be two lectures on the Saturday and seminars on the Sunday morning, repeated in the afternoon. All hospital and community pharmacists will be welcome.

□ Council noted that at its meeting on February 23, the Society's Welsh Executive had resolved to re-affirm the Council's existing policy regarding the NHS contract being with the individual pharmacist. The Council also accepted the Executive's recommendation that it should seek active participation in the decisions of planning authorities, at both national and regional levels, to ensure the provision of comprehensive pharmaceutical services.

This display is turning those quiet whispers into extra profit.

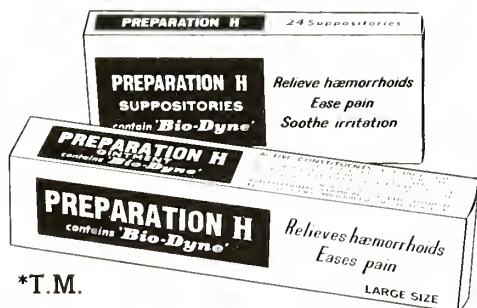
It's a fact that one in four people suffer from piles at some time or another. That's the size of your market.

And although around half of it will consist of potential customers for Preparation H*, they may be too shy to ask for it.

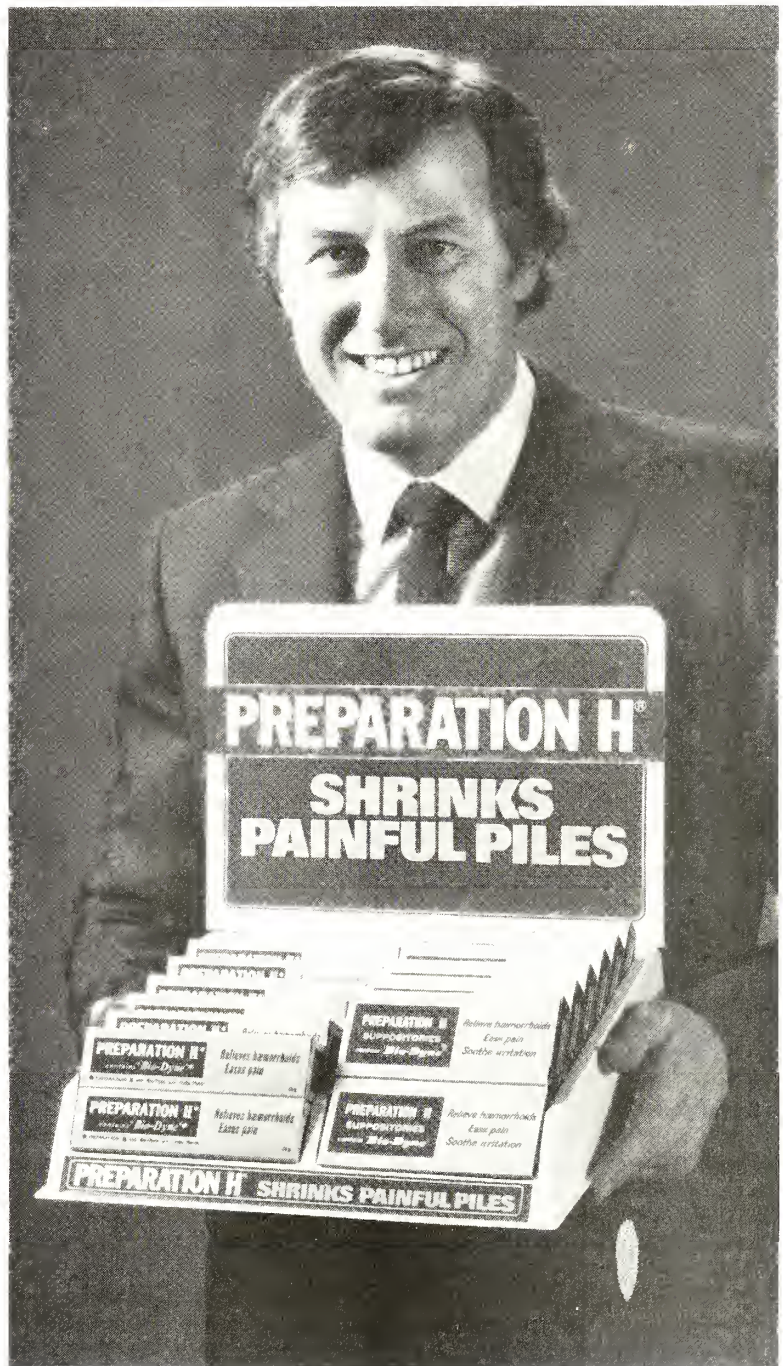
Displays like this one which help your customers to help themselves increase sales dramatically.

Your ICC representative will be pleased to advise you. You'll be delighted by results.

PREPARATION H



*T.M.



I.C.C. Where brand leaders are born.

International Chemical Co. Ltd., 11 Chenies Street, London WC1E 7ET.

Acorn developed with faster labelling

The Mark II Richardson labeller was being launched at the Pharmaceutical Society this week. The system has taken four months to develop and is based on the Acorn BBC micro, modified from 32K to 96K of core memory (see *C&D* Computer feature, April 30).

The program is disc loaded, taking 15 seconds. The large memory means the whole program and stock usage statistics can be accessed without reference to the disc, which is only used for recording information in and out. The printer used is the latest from the Epson stable, the FX80. It is roll fed (like a typewriter — no traction), so standard letter paper can be substituted for labels with the minimum of fuss. Each label is "ejected" by the printer after it is printed, and can easily be removed before the label roll is retracted to print the next label.

There are 1,000 drugs on file in the initial program with the facility to bring

the list up to 2,000. Drugs are recalled using a three letter code. Automatic warnings are printed with drugs as required. There are 90 dosage codes and 24 cautionary codes programmed in. All these can be varied, amended and updated as required by the operator. The program itself is written in machine code (the computer's own "language"), and based on that already in use.

The system will also price private prescriptions, and will calculate VAT and profit margins (set by operator) for retail pricing. Rather than incorporate a stock control routine into the program, there is a stock usage report for each line. In addition the maximum amount of the drug used in any one day during the past 28 days and an order code (PIP, Vestric, Unichem) are printed on each label. This gives a rough self-adjusting guide to the amount of stock that needs to be kept of a certain drug, and also saves having to

code each item individually with its code when it comes in. In addition the system can link into Prestel and Telex. Accounts and VAT packages are planned.

The cost of the system is £1,650 (£1,895 with twin disc). The system comes with a full manual, but Mr Richardson does not find the need to give instruction or install units. "It's as easy as setting up a stereo," he says, "and once working, people want to use it rather than have it demonstrated."

A maintenance contract is available at £195 a year, which includes software updates, and will provide "next van" replacement through a network of 12 wholesalers. The same wholesalers can also provide demonstrations if required. *J. Richardson Computers Ltd, Unit 337, Walton Summit Estate, Bamber Bridge, Preston PR5 8AR (tel 0772 323763).*

Factory set up with pharmacy in mind

J. Richardson Computers started 18 months ago in October 1981. The company has just moved to new factory premises and Mr John Richardson now considers himself in the same league as the Vestrics and Unichems when it comes to computers.

The move into computers did not start as a hobby. "Like many pharmacists I realised my writing was deteriorating and wanted one for the shop. I looked at the market — there was only Microscript and Unichem." Not being satisfied with what they offered Mr Richardson bought a second-hand Tandy for £150 through a newspaper advertisement.

"It took me about six months from that day to get a really workable program. The first time I took it down to the shop it crashed within 10 minutes," he remembers wryly. "A couple of friends saw it in March, and asked to try it, their friends saw it . . . and that's how things started," Mr Richardson recalls.

"I realised that we had something that people wanted. We started advertising because we were getting such a good response. We got such a response from that that we decided to spread further afield."

However, a word of warning for other

Continued on p895



New Richardson labeller system with 16K core memory

CHEMEX'83

THE RETAIL CHEMIST EXHIBITION

The Cunard International Hotel, London W.6. 11-13 September 1983.

INFORMATION and ADMISSION TICKETS from:

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To survive and prosper in the 1980's it's not sufficient to be a professional pharmacist. You need to be a professional retailer as well. Both your dispensary *and* your sales area must really work hard for you.

So when you're considering modernisation or improvements, it's important to talk to a shopfitting company which thinks as you do. And that's where we can help.

The Showrax system is designed to satisfy the needs of your sales area *and* your dispensary. Although it's made up from low-cost, factory-made modules, you can choose the exact colours, materials and layout you require to keep your pharmacy unique.

So if you're contemplating improvements, send for our Information Pack. It contains everything you need to know about pharmacy shopfitting and it's yours **FREE** by return of post.

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Please send me my **FREE** Pharmacy Information Pack

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Self-selection will boost your sales

Sales of Anusol* are increasing month by month. No wonder – we're the out-and-out brand-leader, and this pharmacy market has shown continuous growth over recent years. But you can't get your share of this extra business by keeping Anusol in a drawer. Put Anusol where your customers can

self-select without embarrassment, and you'll be amazed how your sales leap. So ask yourself about Anusol – are you getting your share of self-selection sales? ANUSOL CREAM · ANUSOL OINTMENT ANUSOL SUPPOSITORIES ANUSOL ANTISEPTIC TISSUES

**WARNER
LAMBERT**

Data sheet available on request from
Warner-Lambert (UK) Limited, Southampton Road,
Eastleigh, Hampshire SO5 5RY. Tel: 0703 619791

COMPUTERS IN PHARMACY

Continued from p892

Factory set up with pharmacy in mind

entrepreneurs. "You under-price things to start with, and do not realise the extra staff and time you need once you start selling."

In July Hills Pharmaceuticals approached Mr Richardson, and having suggested one or two improvements, said they would like to sell it in the Burnley area. Similar contact was made by Sam McLernon's from Northern Ireland, and Mr Richardson reckons to have sold some 40 systems there in three months. "We just swept the board in Northern Ireland. I was the only one who was prepared to go over there and earned myself a lot of points doing so."

The decision to develop an updated system on the Acorn was made last November. All-colour computers were coming out, and proving very popular. "The original Video Genie system was monochrome, and we began to get a bit apprehensive about how long it was going to remain on the market," Mr Richardson says. "We chose the BBC because of its potential."

However, the 32K memory of the BBC micro was too small for Mr Richardson's requirements, so with the help of a local technical college the computer was modified to 96K, an improvement for which he holds the copyright.

The new factory unit was set up with pharmacy in mind. "At the time we stopped selling the Genie we were selling around 20 a week and had already put a large extension on the garage. It was getting a bit small! We had a full-time secretary in the garage and a full-time representative in addition to Hills." The actual systems were being maintained and built elsewhere, through a private arrangement with a dealer, and just being assembled and checked in the garage prior to dispatch.

Mr Richardson dreads to think of the amount of capital tied up in his latest enterprise. "One of the penalties of using Mr Richardson demonstrating an earlier system at last year's BP Conference in Edinburgh

the BBC computer is that you have to pay in advance. We are buying direct. This explains why we need cash with order. We are committed long term.

"There has been a fantastic increase in interest since the Society's announcement about labelling — which is sad really because we knew this was going to come up, but hoped it would give us time for a nice gradual development. What has happened is causing so much frustration among pharmacists. Every computer salesman has gone along to a programmer and said 'write me a program'. They have

seen it as easy pickings and consequently there is going to be a fantastic glut of programs. They will also produce a label. They will all work for someone doing 700-800 scripts. But you try putting them in a busy health centre!"

Mr Richardson had no programming experience before buying his Tandy and taught himself from the manual. However he confesses: "When the program started crashing. I didn't know why. We got the programmers in. I didn't write this program. I don't have the experience to debug or write machine code."

NEW STAIN DEVILS A devil of a range from Dendron



STAIN DEVILS STAIN REMOVER RANGE

Stain Devils are a range of 10 stain removers that have been specially formulated to shift any of the 80 most common household stains. Quickly and effectively. Displayed in their own eye-catching display unit and

backed by consumer leaflets and advertising throughout the influential women's magazines, Stain Devils represent a dynamic new sales opportunity for you. Contact Dendron today.

Dendron Ltd., 94 Rickmansworth Road, Watford, Herts. WD1 7JJ. Tel: (0923) 29251



News extra

Continued from p890

told of the faults or given the chance to discover the faults before buying, in which case the retailer is not liable. The product should be as described to the customer; if it is not then the customer may complain to the local Trading Standards Officer. When a customer asks for a product for a particular purpose, then the product recommended must do the job properly. If it does not then the customer is entitled to a full refund. If an appliance sold is unsafe, then the customer may get a full refund from the retailer, and may also claim damages if the unsafe product has caused any injury.

If a product is wrongly priced and the customer is charged the different higher price, then the retailer may be guilty of an offence under the Trade Descriptions Act.

When a display stand is knocked over and the goods damaged, the customer is only liable to pay for goods damaged if it is shown he was acting unreasonably. A retailer must ensure displays are safe, and if negligence can be proved then the retailer may be liable for damages claimed for injuries caused to the customer. The same principle applies to an accident in the shop. If negligence can be proved, for example, an untidy shop, then the customer can claim damages for any injury or breakages caused.

"Which? Way to Complain" (£3.95) is published by the Consumers' Association, 1 Caxton Hill, Hertford SG13 7LZ.

LETTERS

Old boys logo?

Is it not typical of all elected representatives, from the parish council to the mother of parliaments, that once elected, they become completely absorbed in their own importance, and ignore the electors. Our self-perpetuating old boys' club at Lambeth is a typical case.

How many pharmacists are pro logo? From my canvassing, very few indeed. Having decided to spend £12,000 on a corporate logo, we now find that sub-committees are being set up to look into the problems involved with the use and non-use of a logo. Surely such discussions should have been going on long before designers were asked to submit their ideas. Then perhaps we would have some of the £12,000 left to put back into petty

cash when the whole idea is scrapped. Instead the money will have been spent before any decision is made as to the use and non-use of a logo. And what a fine phrase is this "use and non-use." Could it have any connection with the well known "U and non-U?" Are we to have use and non-use pharmacists?

One can readily identify a "U" pharmacist as being a member of Council and approximately twenty standing committees of various prominence; as being pharmacists who can talk for hours without saying anything relevant to the problems of pharmacy today; as being pharmacists with ostrich tendencies whenever a serious problem arises and, above all, as pharmacists who have not done any extemporaneous dispensing since they qualified, and think that patient counselling is the latest innovation since potato crisps.

We "non-U" pharmacists are more than proud of the fact that our customers have always consulted us since time immemorial and above all have respect for our judgment and advice. The customers know that we are available for advice, we do not require signs to tell them where we are.

If I am correct, I believe we "non-U" pharmacists are in the majority by far.
R. Hughes-Jones,
Llangefni.

Wysoy customers just keep on growing

Soy infant formulas are the fastest growing sector of the baby milk market. And Wysoy leads the way with a volume share of more than 60%.

Suitable for adults as well as children.
Wysoy's potential market is even bigger.

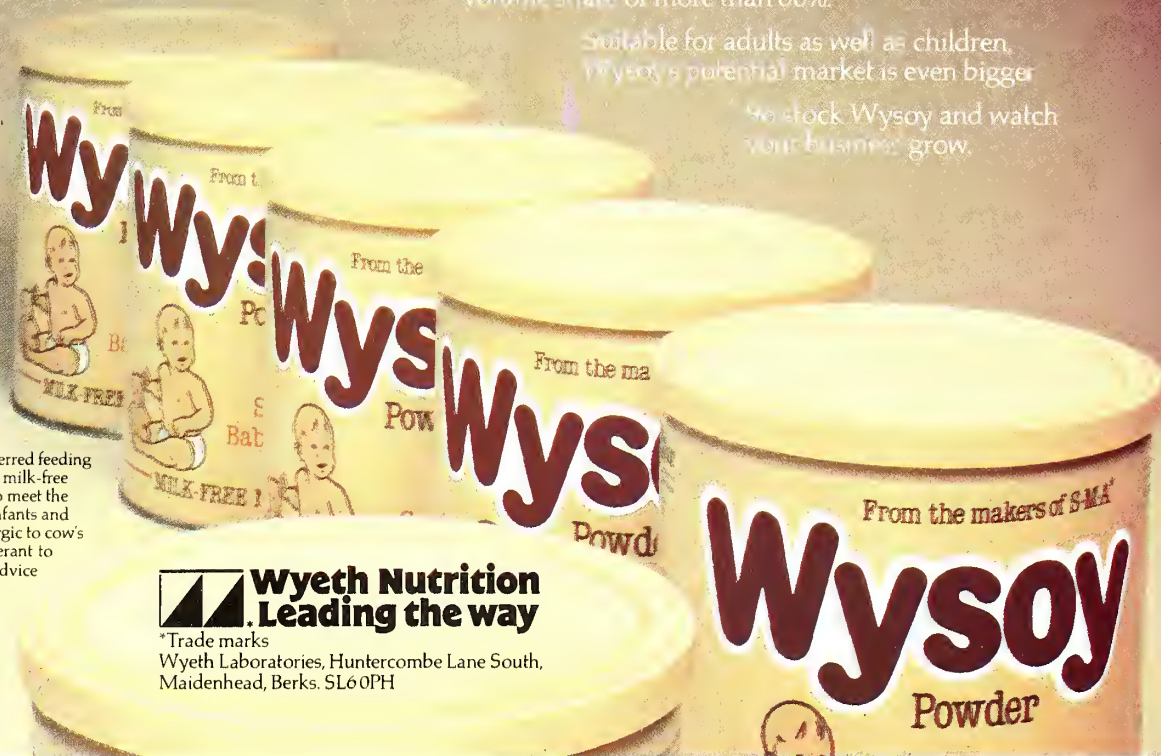
Go stock Wysoy and watch your business grow.

Breast milk is the preferred feeding for newborns. Wysoy milk-free formula is intended to meet the nutritional needs of infants and children who are allergic to cow's milk proteins or intolerant to lactose. Professional advice should be followed.



Wyeth Nutrition
Leading the way

*Trade marks
Wyeth Laboratories, Huntercombe Lane South,
Maidenhead, Berks. SL6 0PH



NEW DENTU-HOLD WILL BE

DISAPPEARING OFF YOUR SHELVES

AS SOON AS IT APPEARS.

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Independents' weekly sales up 8 per cent, say Nielsen

Average weekly sales for independent pharmacies for January/February this year are £1,361, up 8 per cent on last year (£1,264), while drug store sales are down 1 per cent to £2,012 (£2,038) and sales for multiples and Co-ops (excluding Boots the Chemist) are 5 per cent up to £2,073 (£1,980). The average weekly sales of all non-Boots pharmacies is now £1,457, a 7 per cent improvement.

According to the A.C. Nielsen research organisation, which has just published the above figures, the independent chemist dispenses on average 2,832 scripts a month compared with multiples and Co-ops who dispense 2,098. The independent's NHS share of turnover has fallen back from the 70.6 per cent peak reached for the first time for the November / December period last year. In January / February it stood at 67.8 per cent compared with 49.7 per cent for

multiples and Co-op (excluding Boots).

In recent years the independent's share has risen from 63.5 per cent in 1979 to 64.9 per cent in 1980, 67.7 per cent in 1981 and 69.1 per cent in 1982.

Turnover of independents, multiples and Co-operative pharmacies (excluding Boots the Chemist) stood at £338m (£296m in '82) with independents taking an 86.8 per cent share (85.8 per cent in '82).

Pharmacies v Drug Stores — cash sales only

	Jan/Feb '82	Nov/Dec '82	Jan/Feb '83
Total £,000	134,569	122,968	141,925
Pharmacies	109,332 (81.2%)	97,293 (79.1%)	117,014 (82.4%)
Drug stores	25,237 (18.8%)	25,675 (20.9%)	24,911 (17.6%)

A.C. Nielsen Ltd, Nielsen House, Headington, Oxford OX3 9SQ.

No help for small firms to pay bills

Small companies facing the day-to-day problems of paying the bills were not helped by the recent Budget, and most measures do nothing to help solve immediate problems, according to the Association of Independent Businesses.

The AIB, reporting its reaction to this year's Budget, had been hoping for a reduction in business rates, with the

complete derating of empty industrial premises. A reduction of rates by one-fifth would have been of more benefit to the small company than the reduction of employers' National Insurance surcharge by ½ per cent, the AIB claims.

An increase in personal tax allowances as an incentive to both employers and employees is called for by the AIB. A system of integrated tax and social security would also be beneficial. "The time has now come to stop tinkering with the system of personal taxation and consider fundamental reform," the report states.

Business failures increase by 10 pc

Business failures in the UK in April rose by 10 per cent to 322 compared with April 1982. But this does not contradict the possibility of an improvement in business activity, the Trade Indemnity credit insurance company reports.

In the first four months of this year total failures increased 24 per cent on the same period in 1982. All sectors, except

furniture and upholstery, recorded a higher number of failures.

Failures in the retail and wholesale distribution sector reached 85 in April, from 62 in the same month last year. Failures in the chemical sector are shown as a separate category for the first time, with 13 failures in April, and 37 in the first four months of 1983.

Business failures tend to lag behind movements in the economy, say Trade Indemnity, and more failures can be expected in any period of economic recovery.

'Life' for the Lions



Vestric Ltd have, through their Edinburgh branch, provided medical supplies to complement those given by various manufacturers for use on the British Lions tour of New Zealand which began last week. Edinburgh branch manager Mr Jim Fowlds (left) presents the supplies to Mr D.A.D. Mcleod, consultant surgeon at Bangour General Hospital in the Lothians and medical advisor to both the Scottish Rugby Union and the Lions. Looking on (from left to right) are Mr Jim Telfer, Lions coach, Ellen Buchanan, Edinburgh branch hospitals supervisor and Mr John Rutherford, British Lions.

Fisons buy Weddel

Weddel Pharmaceuticals has been acquired for around £2.25m cash by Fisons. This move is part of the Fisons' aim to develop pharmaceutical interests worldwide, and follows their recent acquisition of the Italian pharmaceutical manufacturer Societa Intersint Italiana Srl (C&D April 23, p735). Based at Wrexham, Weddel Pharmaceuticals was a subsidiary of Union International plc, supplying standard drugs to UK hospitals.

Mr Peter Russell and Mr David Campbell, joint managing directors of James Hardcastle Ltd, have asked us to emphasise that they sold off their stock and goodwill to Mr Henry Kennedy, director of Gleamclean Ltd, who had no connection with the old company. They say that all purchases made by Mr Kennedy after April 8, 1983, were on behalf of Gleamclean Ltd and neither the outgoing directors nor the old company of James Hardcastle Ltd are responsible for those purchases (C&D last week, p842).

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£1,000 maximum fine for Sunday trading offences

The maximum fine for breaking the law relating to trading on Sunday is now £1,000. Higher penalty levels for a selection of offences under the Shops Act were introduced in the Criminal Justice Act 1982 and came into force on April 11.

Other fines ranging from £25 to £50 can be imposed for failure to observe requirements of the Act such as general closing hours, statutory half-holiday for shop assistants, Sunday employment, hours of employment for young persons, the keeping of records.

A maximum fine of £500 and/or a term of imprisonment up to three months can now be imposed on persons making a false declaration in order to claim exemption under the provisions made for those observing the Jewish Sabbath.

Rockware Group's profits down

Competition between UK glass container companies and imports is the reason for the Rockware Group's drop in sales and profits, says chairman John Craigie.

Labelling products with country of origin could help sales, states Mr Craigie. "The housewife is entitled to know, particularly since she is being cajoled to buy British, where the products she is buying come from."

The decline in sales of plastic bottles reflects the total reduction in the group's overseas plastic operations which are now based solely in the UK.

Severe competition in the flexible packaging sector created difficult trading, with cheap imports from the Far East and Eastern block countries being major rivals.

Rockware Group turnover fell £20m in 1982, with pre-tax profits dropping to £605,000 (C&D April 23, p735).

Briefly...

■ **Smith & Nephew Associated Companies** have announced first quarter sales up £9,491,000 on the same period last year, to £76,917,000. Pre-tax profits for the first quarter of 1983 are £8,515,000, an increase on the equivalent figures last year of £6,976,000.

COMING EVENTS

EPoS '83 caters for pharmacies

The fourth European Congress on Automation in Retailing — EPoS 83 — will be held at London's Royal Lancaster Hotel from September 20-23. Subjects for discussion on the opening day include a look at EPoS for the smaller non-food retailer — designed specifically for outlets such as pharmacies — and a quarter-day session on EPoS for beginners. Thursday offers a full day on scanning equipment and an examination of the uses of portable data entry terminals. Other topics include the retailer/banker interface and an evaluation of EPoS's likely role in the future.

The exhibition this year features 43 exhibitors, including Omron, NCR, Chubb Cash, Norfrond, Allen Computers and Riva.

Fee structure is based on a quarter-day charge of £35 + VAT, with the full-conference charge totalling £480 + VAT. Lunch is not included. A 10 per cent discount is available on bookings made by June 30. All registration inquiries should be addressed to Retail Management Development Programme, 5 East Street, Brighton, Sussex BN1 1HP (tel 0273 722687).

Monday, May 16

Mid Glamorgan East Branch, Pharmaceutical Society, The White Hart Hotel, Pontypridd, at 8pm. General meeting.

■ Cash and carry wholesalers Nurdin & Peacock plc increased turnover in 1982 by £62,157,000 to £462,502,000. Pre-tax profits rose to £11,324,000 an increase of £1,237,000. Mr W. Peacock, chairman, attributes the good results largely to good relationships with customers and suppliers, maintained despite the recession and pressure from the multiple chains.

Tuesday, May 17

North Metropolitan Branch, Pharmaceutical Society, Muswell Hill Golf Club, Rhodes Avenue, London N22, at 7.30pm. "A night at the races" conference fund raising event.

Wednesday, May 18

Bath Branch, Pharmaceutical Society, Salisbury Medical Centre, General Infirmary, Salisbury, at 7.30pm. Talk about antibiotics.

Isle of Wight Branch, Pharmaceutical Society, Barton Manor, at 8pm. Conducted tour of vineyards, followed by wine appreciation session.

West Metropolitan Branch, Pharmaceutical Society, Great Western Hotel, Praed Street, London W2, at 7.30pm. General meeting followed by Professor Smith on "Current aspects of antibiotic resistance".

Thursday, May 19

Harrogate Branch, Pharmaceutical Society, Postgraduate medical centre, Harrogate General Hospital, at 7.30pm. General meeting.

West Surrey Branch, National Pharmaceutical Association, Medical centre, St Luke's Hospital, Warren Road, Guildford, Surrey at 7.30pm. Mr E. J. Downing, assistant secretary, National Pharmaceutical Association, on "Computers in pharmacy — the current state of the art."

Advance information

Royal Society of Chemistry, University of Kent, on July 4-8 Continuing education residential course on "Medicinal chemistry". Organisers: Dr A. M. Roe and Dr C. R. Ganellin. Details from Miss L. Hart, Royal Society of Chemistry, 30 Russell Square, London WC1.

Information Pharmacists conference, St Catherine's College, Oxford, from September 20-22. Conference theme "A decade of drug information". Details and application forms from A. F. Trice, Pharmacy Department, The Royal Berkshire Hospital, London Road, Reading RG1 5AN.

Industrial and Trade Fairs Limited, Fairs Court, London, from June 14-17, Tetronica 83 and Transducer Tempcon. Details from Trident International Exhibitions Ltd, tel 0822 4671.

United Kingdom Clinical Pharmacy Association, John Radcliffe Hospital, Oxford, on Thursday, June 30 (to be repeated at Newcastle General Hospital, Wednesday, September 28), UKCPA workshop in drug literature evaluation. Details from S. Hudson, UKCPA editor, c/o Drug Information Centre, Leicester Royal Infirmary, Leicester, tel 0533 541414 extension 491. Closing date for Oxford, Friday, June 17.

Interphex USA '83, New York, United States, on September 20-22. Theme "New technologies in pharmaceutical and cosmetic manufacturing." Details from Interphex USA '83, 708 Third Avenue, New York NY 10017.

Retail Europe '84, International Congresscentrum RAI, Amsterdam, February 28 to March 2 1984. An exhibition, conference and seminars for the retail and distributive industries. Topics covered include communications, small retailer schemes, retailer banking, security systems, and personal computers. Further details from Itex Ltd, Keyersbridge House, Wokingham Road, Hurst, Berks.

British Diabetic Association, University of Manchester, September 3-4. Professional services section annual meeting (open to non-members) on "Living with diabetes in 1983," including talk on "One region's experience of the first six months of U100 insulins." Details from BDA, 10 Queen Anne Street, London W1M 0BD.

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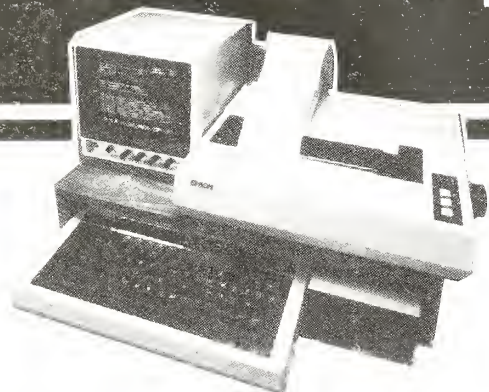
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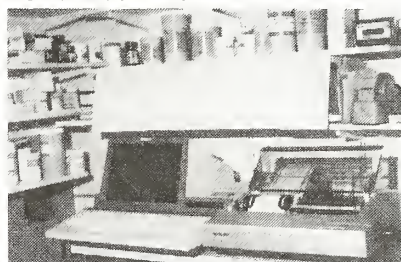
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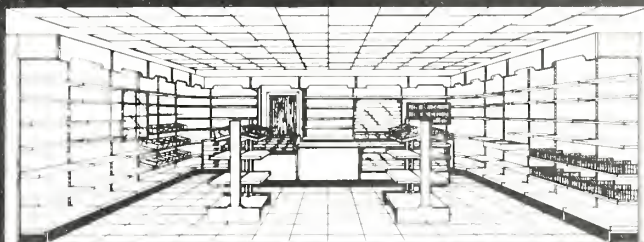
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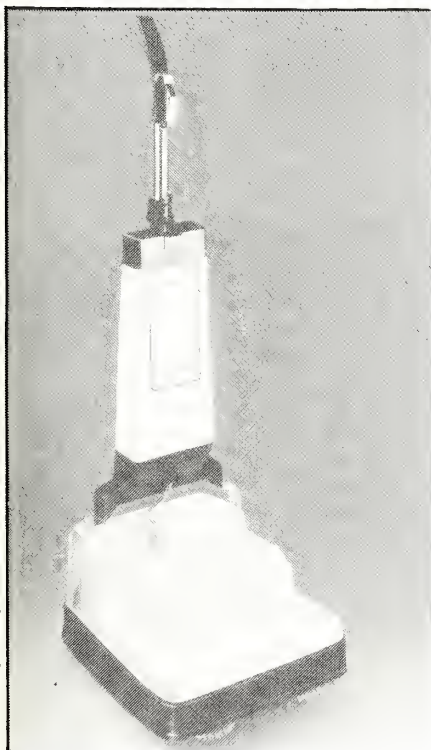
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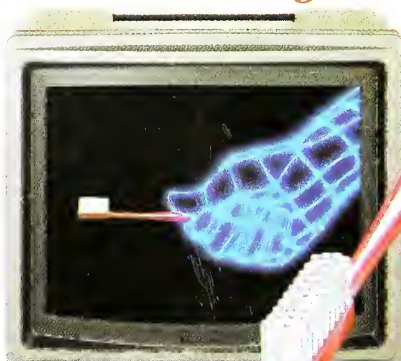
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